

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

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Meeting nutritional needs	✓	Met this standard
Safeguarding people who use services from abuse	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Hallaton Manor Limited
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.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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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

Why we carried out this inspection

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.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 31 October 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

We spoke with four people who used the service. They told us they were happy with the care and support they received. They also told us their visitors were made welcome and they could choose how they spent their time. One person said "the staff are kind and honest" Another person said " I am happy here and get on well with the staff".

We saw that staff interacted with people who used the service in a positive and respectful way. Staff communicated effectively and demonstrated a good knowledge and understanding of people's individual needs. People were occupied and engaged in activities that were meaningful to them.

People told us they liked the meals provided. We saw that where there was a risk of poor nutrition, people were supported to receive adequate nutrition and hydration.

Recruitment procedures were robust and pre employment checks were carried out. An on going programme of quality assurance was in place and this included seeking the views of people who used the service.

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

More information about the provider

Please see our website 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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

We spoke with four people who used the service. They told us their rights were respected. They said that staff asked for their consent before care and support was delivered. One person said "they always ask".

We spoke with staff about procedures for obtaining consent. They told us they always asked the person who used the service before delivering care and support. If verbal consent was not given staff would respect this. They would then return later and offer again or discuss alternatives with the person who used the service.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. Staff knew about the Mental capacity Act 2005 and associated deprivation of liberty safeguards (DoLS). We saw that best interest assessments had been carried out where people did not have the capacity to make a decision.

We saw that written consent had been obtained for the taking of photographs.

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

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.

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 spoke with four people who used the service. They told us they received the care and support they required. One person said "the staff are good they look after me". Another person said "I am very happy; I never get bored I do little jobs to keep myself busy".

The provider employed an activities organiser. A range of opportunities for social and recreational activities were on offer. Many people liked to go out and access facilities in the local community. Transport was provided when required. We saw that some people who used the service were involved in daily tasks related to the day to day running of the home. For example, one person helped to set the tables ready for meal times. Another person baked cakes and biscuits in the main kitchen. The activities organiser had attended training about providing meaningful activity to people with dementia.

We looked at care and assessment records for four people who used the service. We saw that needs were assessed and care plans were person focused. This meant that care plans were based on the individual needs and preferences of the person who used the service. Social, cultural and religious needs were recorded and incorporated into the plan of care. We saw that people were able to meet their religious needs and were attending their chosen place of worship.

Risk was assessed and management plans were in place. The provider may like to note that some care plans and risk assessments had not been reviewed for some time.

People had access to appropriate healthcare professionals where this was required. A GP visited the home once a week but people could also see their GP in between visits if this was required. We spoke with a visiting community nurse. They were very complimentary about the service.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

People were supported to be able to eat and drink sufficient amounts to meet their needs. We spoke with four people who used the service. They told us they liked the meals provided and were given sufficient quantities. One person said "I like the food". Another person said "The food is very good; you can request what you want". We spoke with a person who required a special diet. They told us this was always provided in accordance with their needs. We saw that information about people's dietary needs and likes and dislikes was recorded within care records.

We observed the lunch time meal served during our inspection. The meal appeared appetizing and nutritious. There were enough staff in attendance to assist people where this was required. We saw that staff assisted people in an appropriate and sensitive way.

We looked at menu records and saw that a varied and nutritious menu was on offer. We spoke with the cook about how they ensured the menu met the needs and preferences of people who used the service. They told us that menus were discussed at 'residents' meetings. We saw that the kitchen was well stocked. We were told that all meals were home cooked.

We looked at care records for four people who used the service. We saw that people had their risk of malnutrition assessed. Management plans were in place where risk was identified. We saw that people had their weight monitored appropriately.

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

Our judgement

The provider was meeting this standard.

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.

Reasons for our judgement

We spoke with four people who used the service. They told us they felt safe. They told us they could speak with staff about any concern and that they would listen and take action.

We spoke with staff about safeguarding people from abuse. Staff knew how to recognise the signs of abuse. They knew when and how to report concerns. Staff knew how to contact other authorities such as the local authority safeguarding team and CQC. We saw that the telephone number for the local authority safeguarding team was displayed on a notice board in the staff office.

Care plans recorded detailed instructions for staff to follow where people displayed behaviour that presents a risk. Staff understood the value of a stimulating environment and effective communication in preventing behaviour that presents a risk.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

There were effective recruitment and selection processes in place. We looked at staff records for two members of staff. We saw that staff had completed an application form and attended an interview.

Appropriate checks were undertaken before staff began work. Each staff member was checked with the disclosure and barring service (DBS) before they commenced employment. These checks are important and ensure that people who are unsuitable or have a criminal record are not employed. There were two written references on file for each staff member.

We spoke with a member of staff who had recently commenced employment. This person confirmed that a DBS check had been carried out and two references requested.

We spoke with four people who used the service. They told us they liked the staff. One person said "the staff understand people, they like people".

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We spoke with four people who used the service. They told us they could speak to staff about any issue or concern. They felt that staff would listen to them and take appropriate action.

'Residents' meetings were regularly held. These meetings provided a forum for people who used the service to give their views about the care and support provided.

The provider maintained records of all accidents and incidents. The acting manager reviewed these records and took appropriate action to minimise further risk.

Staff meetings were regularly held. The acting manager told us about changes being made as a result of listening to people who used the service and to staff. For example staffing numbers were being increased during the evening and at night. At the time of our visit there was no separate staff room where staff could take their breaks. We were told that a new staff room would be in operation by the end of November.

The provider employed a training and quality manager. A programme of audit was in place. This meant that different aspects of the service were checked each month to see if they were meeting expected standards. We were told about action that was taken as a result of these audits. For example, a care plan audit identified that there were some missing signatures on some care plans. Some social and cultural care plans did not state the desired outcome of the person who used the service. The audit identified these shortfalls and staff were able to put them right.

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.

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.

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.

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

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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