

# Enter & View Report

Hallaton Manor

October 2023

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# Report details

Details of Visit	
Service Address	Hallaton Manor, Cranoe Road, Hallaton, Market Harborough, Leicestershire, LE16 8TZ
Service Provider	Hallaton Manor Limited
Date and Time	Tuesday 24 October 2023, 10am
Authorised Representatives undertaking the visit	Chris Bosley and Kim Marshal-Nichols

## Acknowledgements

Healthwatch Leicester and Healthwatch Leicestershire would like to thank the service provider, residents and staff for their contribution to the Enter & View Programme.

## Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

This report is written by volunteer Enter and View Authorised Representatives who carried out the visit on behalf of Healthwatch Leicester and Healthwatch Leicestershire.

# Purpose of the visit

Independent Age, a national charity, supported by Healthwatch, have developed a set of eight quality indicators for care homes. We are including an evaluation, based on our findings on the visit, of these quality indicators.

A good care home should:

1. Have strong, visible management.
2. Have staff with time and skills to do their jobs.
3. Have good knowledge of each individual resident, their needs and how their needs may be changing.
4. Offer a varied programme of activities.
5. Offer quality, choice and flexibility around food and mealtimes.
6. Ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists.
7. Accommodate resident's personal, cultural and lifestyle needs.
8. Be an open environment where feedback is actively sought and used.

For further information: [www.independentage.org/policy-and-research/our-8-care-home-quality-indicators](http://www.independentage.org/policy-and-research/our-8-care-home-quality-indicators)

## Methodology

Our Authorised Representatives (volunteers who have undergone specialist training and are DBS checked) attend and make observations.

Where possible, talk to residents about aspects of their care and whether this is delivered in a way that promotes their dignity and independence including the ability to make choices about their daily lives.

Where possible, talk to relatives, if they are available to ask if they are happy with the care provided to their relatives and whether they are aware and feel able to report any concerns/ complaints.

Speak to staff about training, turnover, support and staff levels.

Observing interactions between residents, staff, manager and visitors.

# Results of the visit

## External

The home is well signposted and there is a 'Hallaton Manor' sign at the entrance gates. The front entrance to the house is distinctive. The home looks like a large mansion rather than a care home. The entrance is easily accessible.



Access to the home is via bell, keypad and intercom. There is no CCTV external or internal.

There are large grounds surrounding the house including lawns, trees and gym equipment.



There are two buildings (one for administration and one for staff accommodation). Views from the

grounds can see across fields with livestock and distant countryside, we observed chickens and two Shetland ponies. The grounds are well-maintained and easily accessible to residents.

## Internal

On the ground floor is the entrance hall leading to a corridor, stairs and a lift to the first floor rooms. There are three communal lounges and the café/ dining room all with views onto the lawn where the ponies and chicken roam. There is a patio area outside these rooms with seats and tables.

The manager's office was on the opposite side of the corridor to the communal rooms and had easy access to these spaces. The visitor book is prominently positioned and has been recently used.

There was no unpleasant odour and the décor is well maintained. Furniture and soft furnishings were all in good condition. All chairs were clean and comfortable. The maintenance worker told us that the hall and corridor carpet was due to be replaced soon with a more dementia-friendly design.

The corridors are free of clutter and there are handrails in the corridors. All the areas were clean. There is a variety of pictures on the walls including some montages created by residents. There are smart speakers in the hall and communal rooms, and a jukebox in the dining room which enables background music to be chosen by staff and residents.

The home has 36 rooms, two shared rooms and the rest are single rooms. The shared room we saw was large with a separate personalised area. We were told the residents of that room had wanted to share so as not to feel lonely. There are alarm buttons in each room.

The style of the home seemed to fit with its setting and appearance. That is a homely residence. The therapy animals, activities, décor and relaxed atmosphere are all part of this approach.

## **Residents**

The home is currently at capacity with 38 residents. Most are long-term residents, with a wide age spread (30s to 90s) including both male and female residents. In the communal areas we saw about equal numbers of male and female residents. Most residents had varying degrees of dementia. Others had brain damage or mental health issues.

One resident talked about feeding the chickens and about the pet rabbit.

## **Notices**

There are noticeboards in the hall listing the weekly activities, outings and menus.

## **Staffing**

The home has 27 staff which includes 4 live-in staff. There are two activity coordinators, one maintenance staff and two managers.

Agency staff is used, two agency staff who have worked there for several years work flexibly to fill gaps or when additional help is needed.

At night there are three care staff on duty, with others on call (live-in staff and manager).

# **Quality Indicators**

## **Quality Indicator 1: Have strong, visible management.**

The current manager had been in post for less than 2 years, having been promoted from deputy. The manager said that staff now were more flexible in their roles and willing to do whatever was needed.

The manager did not identify any current challenges. The nominated individual thought that financial pressures were an ongoing challenge.

## **Quality Indicator 2: Have staff with time and skills to do their jobs.**

The staff we spoke to were happy working at the home, had worked there for several years and saw it as a long-term job.

We felt the manager was keen to ensure that any issues would be addressed, that staff were happy in their work and that any training needs fulfilled.

The manager and all the staff that we met were welcoming and willing to answer our questions. We observed staff assisting and engaging with residents helpfully and respectfully. Staff told us that they feel appropriately trained, training is given in-house, online and outsourced. Staff are supported to acquire further skills and qualifications. Staff told us that they feel adequately supported by the manager.

### **Quality Indicator 3: have good knowledge of each individual resident, their needs and how their needs may be changing.**

Staff carry electronic tablets to record all relevant details of residents' welfare and to assist in shift handovers. All rooms have Wi-Fi hubs to ensure connectivity.

The manager has said the home aims to focus on individual attention to the different needs of each resident. From the interactions we had observed that seemed to be evident.

The manager told us each resident has a care plan. We observed residents being treated and spoken to with respect.

### **Quality Indicator 4: offer a varied programme of activities. Activities are provided for residents.**

We had spoken to the activity coordinator, who told us that a range of weekly activities includes craft sessions, bingo, visits by a therapy dog and visits by some secondary school students. Festivities, parties and special events are celebrated.

A number of sessions are set aside for one-to-one activities with residents, depending on their interests and capacity. We observed some one-to-one games.

On Tuesday mornings some residents go to a local coffee morning. Other specific outings are arranged, such as canal boat trips. The home does not have a minibus, so numbers are limited.

### **Quality Indicator 5: offer quality, choice and flexibility around food and mealtime.**

Food choices are available and a catering staff member told us they get used to residents' preferences.

Special dietary needs are catered for with options available. The home believes that healthy balanced nutrition is important for the resident's wellbeing.

Adequate support is given to residents to eat and drink, we were told by a staff member and we

had observed this happening.

## **Quality Indicator 6: ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists.**

The manager told us all health specialists visit and she reports medical updates to the local GP every Thursday. All residents are registered with this GP. They aim to reduce reliance on medication.

Complementary therapy providers, such as reflexology visit to aid residents' relaxation. Most of the health professionals visit the residents at the home.

The home also provides transport for residents for GP and or hospital visits with staff members accompanying the residents to those visits.

## **Quality Indicator 7: accommodate residents' personal, cultural and lifestyle needs.**

The manager had told us that residents can make their own choices and that staff have become familiar with residents' preferences.

The rooms that we saw had comfortable furniture. Some rooms had a substantial number of personal possessions and furnishings. Others, who did not have relatives, looked less personalised but did have pictures on the wall.

The manager told us some residents are religious, they have visits to the local church and a retired vicar visits regularly.

All the residents we saw looked well cared for.

## **Quality Indicator 8: be an open environment where feedback is actively sought and used.**

A relative who visited regularly told us they were welcome at any time.

Family and relatives can visit anytime. The manager told us that some residents' relatives live too far away for regular visits, but they are contacted to keep them up-to-date with their relatives' condition.

There are regular resident/ carer meetings. Monthly meetings are held with residents and relatives are kept informed.

The relative that we spoke to noted that the place felt much brighter now. A family member told us that she felt confident of her relative's safety here.



# Summary

The report reflects good practice that we had observed. We were welcomed by all staff and residents. The residents all seemed well and cared for.

We observed good interactions between staff and residents. There are a variety of activities planned for residents throughout the week. Residents' needs are met.

Family members and relatives had expressed they feel confident of their relatives' safety at the home. Family and relatives are able to visit anytime.

# Service provider response

The report was agreed with the care home manager as factually accurate. They had no further comments to add to the report.

## Distribution

### **The report is for distribution to the following:**

- Hallaton Manor Care Home
- LLR Integrated Care Board (ICB)
- Care Quality Commission (CQC)
- Leicestershire County Council (LCC)
- NHS England (Leicestershire and Lincolnshire) Local Area Team
- Healthwatch England and the local Healthwatch Network
- Published on [www.healthwatchll.com](http://www.healthwatchll.com)



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