

Loughton Hall Ltd

# Loughton Hall

## Inspection report

Rectory Lane  
Loughton  
Essex  
IG10 3RU

Tel: 02085020772  
Website: [www.loughtonhall.co.uk](http://www.loughtonhall.co.uk)

Date of inspection visit:  
01 August 2022

Date of publication:  
26 August 2022

### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Loughton Hall is a residential care home providing accommodation and personal care to older people, some of whom maybe living with dementia. The service is provided in a large building set over three floors and can support up to 33 people. At the time of our inspection 28 people were using the service.

### People's experience of using this service and what we found

People told us they were happy living at the service and felt well supported. One person said, "The staff are first class we are well looked after."

Some care plans needed to contain more detail to mitigate risks to people in a person centred way. Medication records needed as required protocols, to ensure staff had the information they needed to provide medicines safely.

Audits and quality assurance was in place but needed some improvement to ensure the service continually improved and provided positive outcomes for people.

There were appropriate levels of staff to support people. People were safeguarded from the risk of abuse. Staff had received appropriate training to support people.

People were supported to have maximum choice and control of their lives and staff supported /did them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 18 June 2021). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

### Why we inspected

The inspection was prompted in part by concerns we had received around staffing and care at the service. A decision was made for us to inspect and examine those risks in safe and well led. We found no evidence during this inspection that people were at risk of harm from this concern.

Please see the safe and well led sections of this full report. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe and well sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to good governance at the service.

Following the inspection the provider took action to address issues we had raised with them and kept us up to date with their plans and actions taken.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Loughton Hall

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team consisted of two inspectors.

#### Service and service type

Loughton Hall is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us.

Loughton Hall is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We observed the care provided to help us understand the experience of people who could not talk with us. We spoke with six people who used the service about their experience of the care provided and one relative. We spoke with five members of staff including the registered manager and the provider.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed training data, staff rotas and the service development plan.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- The service had systems in place to assess and monitor risk, however we found these were not always effective.
- There was an electronic care planning system in place but not all information had been consistently updated. For example, we found one person's care plan contained conflicting information on the level of support they needed with mobilising and transferring. We highlighted this to the registered manager and provider, they told us the care plans still needed some work and this was under review.
- Another person's care plan did not contain clear information on how staff should support them with their epilepsy and seizures. The care plan stated staff to monitor and report concerns but no information was given on how to monitor or what the signs and symptoms to observe for. However, when a seizure did occur staff did contact emergency services for support.
- We found one person's dependency assessment did not match the level of need and support they required. The provider agreed and said they would review this. It is important dependency assessments are recorded accurately to ensure people have the correct level of support.

### Using medicines safely

- Medication administration records were reviewed, generally these were in good order containing all the information staff needed to support people to have their medicines safely. However, we found protocols missing in some records for medicines prescribed as required (PRN). Protocols are important as they help staff understand when it is appropriate to offer PRN. The registered manager told us they had all recently been updated and felt they had been misfiled.
- Staff had training to ensure they were competent to support people with medicines.
- Where people received medicines through a transdermal patch, there were body maps and staff ensured these were rotated appropriately to protect people's skin integrity.

### Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. Staff had received training in how to safeguard people. One member of staff said, "If I had any concerns I would go to my manager or the senior."
- People told us they felt safe living at the service. One person said, "There is always someone to call on the staff are around." Another person said, "I can't fault it here."
- The registered manager had raised safeguardings appropriately and had worked with the local authority

to investigate these to keep people safe.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

#### Staffing and recruitment

- People were supported by sufficient numbers of staff. The provider and registered manager had recently implemented an increase in staffing numbers to support people. One person told us, "If I press my buzzer in the middle of the night the staff come straight away. There are a couple of men who work at night who I think are very good."
- The provider and registered manager continued to recruit new staff although some agency staff continued to be used, these were regular agency staff who knew people and the services routines.
- The provider had recruitment checks in place to ensure staff recruited were suitable for the role. This included obtaining references, proof of identification and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Preventing and controlling infection

- Staff had received training in infection prevention and control (IPC). We saw staff were wearing personal protective equipment (PPE) effectively. There were PPE stations strategically placed around the service with appropriate storage facilities for PPE and disposal bins. Staff also had access to hand sanitising gels.
- Government guidance was being followed on testing for COVID 19.
- The registered manager was the IPC lead and we saw they kept up to date with guidance and had a folder available for staff to read.
- There were some areas of the service that could benefit from updating to help maintain good IPC practices. The registered manager told us the head of housekeeping was putting together an audit to identify these areas. The provider also had a development plan they were working through.

#### Visiting in care homes

- The registered manager was following guidance on visiting in care homes. Relatives were supported to visit people in visiting areas or in people's own rooms. People were also supported to go out with their loved ones if they wished. One person said, "My sister took me out the other day."

#### Learning lessons when things go wrong

- The registered manager had systems in place to learn lessons when things go wrong. Discussions were held in staff meetings and staff had 1:1 supervision to discuss any learning points.
- Following an analysis of falls at the service the registered manager and provider had taken the step to increase staffing numbers.



# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care;

- Since our last inspection a new registered manager had been appointed. They were clear about their role and had been working with the provider and staff to address previous issues identified at the service.
- The care planning system implemented continued to need improvement to ensure care plans were person centred and contained the most relevant information to support people's needs. For example, the level of support people needed whilst mobilising.
- Audits continued to be ineffective we found these to be mostly tick box audits, without action plans attached or with timescales for completion or staff identified responsible for the outcomes. The registered manager told us they had previously used action plans and would implement these again.
- During our analysis of accident and incidents we found outcomes for people were not always recorded and more attention to detail was needed. Where people needed to be observed for 24 hours following a fall, we found notes did not always reflect this had happened. We discussed our findings with the provider who agreed this area needed to be improved. This further demonstrated current audits were ineffective and had not identified the issues highlighted on inspection.

The service continues to be rated requires improvement as not enough improvements had been consistently maintained. The above relates to failure to have processes in place to monitor, assess and improve the quality of the service being delivered. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since the inspection the provider has informed that the group quality lead will be attending the service fortnightly to support the manager to improve quality assurance processes.
- The registered manager understood the regulatory requirements to report incidents and events to CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- The registered manager had engaged people and relatives with surveys for feedback on the service they were receiving. However, these needed to be analysed for themes and trends positive or negative and any action plans put in place
- Staff received regular supervision to discuss their support needs and to go over any practice issues. There

were also regular staff meetings, one member of staff said, "We discuss residents wellbeing, the running of the service and how staff are progressing."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager understood their responsibility under duty of candour.
- Staff were positive about working at the service and promoting good outcomes for people. One member of staff said, "We work well as a team together, I enjoy my job. I like to look after people the same way as I would like to be treated like my own relatives."
- People we spoke with were mostly complimentary of the service and staff, one person said, "I am really happy here, I would not go anywhere else." A relative told us, "Communication with staff is really good, mum is really happy here."

Working in partnership with others

- The registered manager worked closely with the local authority to investigate any safeguarding concerns and implement any learning from these. Learning from one concern had been that two senior staff needed to work during the day, and this had been implemented.
- The practice nurse from the local GP attended the service to support people's physical health needs and support with COVID 19 vaccinations. District nurses attended to support people as required and the community matron attended the service weekly to promote positive health outcomes for people.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Governance systems were ineffective to drive improvements.