Veecare Ltd

Loughton Hall

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on the 18 of May 2016 and was unannounced. This meant the staff and provider did not know we would be visiting.

Loughton Hall provides care and accommodation for up to 33 older people some of which had dementia. On the day of our inspection there were 31 people using the service.

The registered manager was present during our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

People told us they did not always have their needs and requests responded to promptly.

The service did not always have enough staff on duty to meet the needs of people, because some people's dementia meant that they showed behaviours that required greater levels of staff input to manage them and the service struggled to recruit and retain some care staff.

Staff received a thorough induction and had access to regular supervision meetings with the manager. Staff and the registered manager had gaps in their knowledge in some areas and some staff required some additional training.

The principles of the Mental Capacity Act 2005 (MCA) had not been properly followed in regard to obtaining signed consent to care. Applications to authorise deprivations of people's liberty (DoLS) had been made by the registered manager.

Medicine was not always managed safely and on occasions people received the wrong dose. The registered manager conducted regular audits but these did not include loose medication. The medicine dosage error had not been picked up by staff until we brought this to their attention.

Risks to people's safety and welfare had not always been appropriately addressed and there was not a robust system for raising safeguarding concerns with the local authority, because the registered manager did not fully understand all the types of incidents or events that should be reported.

Accidents and incidents were appropriately recorded and investigated.

Risk assessments were in place for people who used the service but these did not always accurately assess

the level of risk for some people.

Staff were caring and considerate and treated people with dignity and respect. We saw that people had developed caring relationships with the staff that supported them.

A quality assurance process was in place, and people who used the service, family members and staff were consulted about the quality of the service they received. Auditing remained ineffective in highlighting shortfalls in the quality and safety of the service. We noted the provider had recently introduced a new quality assurance system but this had not been fully completed.

Activities were arranged for people who used the service based on their likes and interests and to help meet their social needs. The service did not provide group activities to regularly access the community.

People's needs were met by external health professionals who visited the home. The food on offer to people was nutritious.

People who used the service, family members and visitors were made aware of how to make a complaint and there was a complaints policy and procedure in place.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not safe.

Risks had not been appropriately mitigated to ensure people's health and safety.

There were not enough staff to meet people's needs.

People were not protected against the risks associated with the unsafe use and management of medicines.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff training was not always effective in helping them to carry out their jobs.

People had access to health care professionals.

Food was nutritious and met peoples needs.

Is the service caring?

Good

The service was caring.

Staff was thoughtful and kind when supporting people.

Peoples' right to privacy and dignity was considered.

Staff communicated with relatives to keep them involved.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed before they moved in and care plans were up to date.

People's needs for social interaction were met.

The registered provider had a complaints policy and procedure

in place and people knew how to make a complaint.

Is the service well-led?

Requires Improvement

The service was not always well led.

The registered manager was approachable and staff said they felt supported in their role.

Audits had not always been effective in identifying shortfalls in the safety or quality of the service.

Annual surveys had been completed to seek the views of other about the quality of the service. This information had not been used to drive continuous improvement.

Loughton Hall

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under The Care Act 2014.

This inspection took place on the 18 May 2016 and was unannounced, which meant that the provider did not know that we were coming. The inspection was carried out by two inspectors.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make, a PIR was returned to us. We looked at previous inspection records and intelligence we had received about the service and notifications. Notifications are information about specific important events the service is legally required to send to us.

Whilst some people who used the service were able to talk to us, some could not. We carried out a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. During our inspection we observed how the staff interacted with people and spent time observing the support and care provided to help us understand their experiences of living in the service. We observed care and support in the communal areas, the midday meal, and we also looked around the service.

We looked at the care plans of six people and reviewed records about how the service was managed. These included medicine records, staff training, recruitment and supervision records, accidents, incidents, complaints, quality audits and policies and procedures. Reviewing these records helped us understand how the provider responded and acted on issues related to the care and welfare of people, and monitored the quality of the service. We also spoke with the registered manager, four people who use the service, three relatives and five members of staff.

Requires Improvement

Is the service safe?

Our findings

People who used the service told us they felt safe, and relatives we spoke with told us they felt their family member was safe. One person said, "I feel safe here." Despite people telling us that they felt safe, we spoke to staff and checked records and found that the service required improvement in this area.

We looked at the ways in which the provider kept people safe and protected them from abuse and harm. We found that there was not a robust system in place to ensure people were kept safe.

We looked at the ways in which the provider kept people safe and protected them from abuse and harm. We found that there was not a robust system in place to ensure people were kept safe. We checked records and found that some incidents should have been raised as a safeguarding concern with the local authority, but this had not been done. When we spoke with the registered manager about this, they were unable to provide any evidence that safeguarding guidance had been sought from the local authority. We asked the registered manager to raise these matters with the local authority following our inspection. We spoke with staff and found they were not able to explain the categories of abuse, but they told us that if they had concerns that they would report this to their manager. This meant that we could not be sure that when people were in a situation where they may come to harm that this would be reported to the proper authority or that the service would protect people from actual harm.

This is a breach of Regulation 13 (1) (2) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We reviewed staffing levels and found that there was not always enough staff on shift to meet people's needs. The registered manager told us that staffing levels had been calculated based on people's dependencies and we noted that most people were living with dementia and some received care in bed. During the inspection we observed that some people showed behaviours that needed a lot of staff attention.

We spoke with people and their relatives about staffing levels. Some people and their relatives told us that there was not always enough staff on shift, particularly at night. Other people told us that they would often have to wait for care due to other people needing a lot of staff attention. One person said, "Sometimes I have to wait, even to go to the toilet." Another person explained, "They could do with more staff. I have sometimes waited an hour to be transferred from my wheelchair."
We spoke with staff, they told us that sometimes at the evening there was not always time to attend to everyone's needs and people may have to wait.

We spoke with the registered manager about staffing levels and they agreed that the service had been struggling to recruit care staff and had a heavy reliance on agency staff. The manager told us that sometimes when staff call in sick they could not always obtain agency workers to provide cover at night. We checked the rotas for the last three months and found staffing numbers to be low particularly at night. On some occasions staffing levels were recorded as only having two people working at nights. We spoke with the manager about the service operating a bank staffing system; the manager told us that they did have a

system like this in place but that often people could not provide cover. This meant that we could not be certain that there was always enough staff on shift to allow staff to give people the care they need and that there was not robust arrangements to cover staff shortages if this was needed.

This is a breach of Regulation 18 (1) (a) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

On the day of our inspection we found that the environment was clean and hygienic in most areas. We observed people being hoisted, and found that carers used the same hoist sling to move different people without cleaning them between each use. This meant that infections could easily be transmitted between people. We spoke with the manager who told us that they would review their hoisting processes.

We looked at the way medicines were managed and found this to be unsafe We checked medicine administration records (MAR.) A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. We noted that one person had not received the correct Warfarin dosage for two days in a row and that this had not been picked up by staff.

We spoke with staff, one staff member told us that they had given medicines to a person, but did not dispense the medicine into the pot. The member of staff told us they had not had medicines training. We checked staff training which showed that the staff member had not been trained to assist with medicines. This meant that the person giving the medicines had not been trained to do so, and could not be certain that they were given the person the correct medicines.

We checked records and found that senior staff with the responsibility for administering medicines had been given medicines training. When we spoke with the manager, they told us that only senior staff was given medicines training and carers was not. We reviewed staff records and could not find evidence that staff with responsibility for administering medicines had their competency assessed on a regular basis. This meant that the provider could not assure themselves that people administering medicines were competent to do so.

Medicines were securely stored in a locked treatment room. We noted that the medicines room was cluttered and there was considerable amount of medicines that needed to be returned to the pharmacist. We audited people's medicines and found a discrepancy which indicated people had not been administered medicines which had been signed for on their medicines administration record (MAR). The manager told us that although audits were carried out, checks to count boxed, or as required medications were not done consistently.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

People's care files contained assessments of risks. These included falls, mobility and skin condition. However, action to minimise risks had not always been followed through in practice. For example, we found that falls risk assessments were unclear and not always accurate. We noted, that one person had recently fallen on a number of occasions, which also included falling down the stairs and an occasion where they had tried to push a hoist down the stairs. Whilst the risk assessment had been reviewed on a monthly basis, no changes had been made to the risk assessment which reflected the recent falls.

We spoke with staff about the requirements of the Mental Capacity Act 2005, it main codes of practice and Deprivation of Liberty Safeguards. They could not explain how they would use this to protect people. Some staff told us they had this training booked in to take place next week. This meant that we could not be sure

that people was not always be protected against restrictive practices. For example, we noted that in one care plan there was a risk assessment in place with guidance for staff on how to manage certain behaviour. We noted that the guidance provided to staff was restrictive and did not give guidance on how to positively deal with the persons behaviour.

We checked records and found that fire alarms had been tested and logged weekly and people had individual evacuation plans in place. Equipment such as hoists and the passenger lift had been tested at least annually to ensure they remained safe for use. Water temperatures had been regularly measured and portable appliance testing (PAT,) gas servicing and electrical installation servicing records were in place.

Accidents and incidents had been recorded and copies were kept in each person's care records and in a master accident forms file. Each report recorded the details of the person who had the accident, where and when it occurred and what caused the accident.

We looked at recruitment records and found that appropriate checks had been undertaken before staff began working at the service. The registered manager also carried out checks that agency staff had the appropriate recruitment checks and training undertaken.

Requires Improvement

Is the service effective?

Our findings

People who lived at provider told us they received effective care and support. One person said, "I am being looked after. The staff are very nice." Despite some people telling us that they thought the service was effective, we spoke to staff and checked records and found that the service required improvement in this area.

We looked at records and found that staff had received a variety of training; which was delivered by the provider's in-house trainer. Staff told us that much of this training was on DVD and some of them said that they did not find this way of learning effective. We checked records and found that whilst some staff had received training they had not had their competency assessed to ensure that they could apply the training they had learned to the work place in practice. The manager told us that regular training took place and was delivered by someone from head office. We asked to see a training plan but one was not available. We also asked to see evidence that the trainer was qualified to deliver training but no additional information was available for us to review. This meant that we could not confirm that the training provided was adequate for people to be able to apply this knowledge to their role or that the training was being supplied by a person who was appropriately qualified to deliver training. We checked records, and found that not all staff had received mandatory training and noted that some staff required refresher training which was overdue.

This is a breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

We spoke with a staff member who had recently joined the team and they told us they were working toward obtaining the care certificate. We checked records and found staff had completed an induction and was enrolled to complete the care certificate.

All of the staff we spoke with told us they were supported by their manager and had regular meetings to discuss their progress. We checked records and found staff had received regular supervisions and appraisals.

We observed the lunch time meal experience, and found there was a choice of meals available. People appeared to enjoy meals in the dining room, food looked appetising and well-presented and the portions were generous. One person commented, "Food is very good, we always get a choice of two options, and there is a good selection." We did not see staff showing people plated food to help them make a choice if they could not remember what they had ordered or had changed their mind.

People told us the food was met their needs. One person told us, "I get two choices of meal. Sometimes I don't like any of them, so they give me fish. I am quiet fussy." Another person said, "The food is okay, I get a choice. I've had worse." We spoke with the chef, who told us about the different meal choices available to people and we found the food was nutritious. We noted alcoholic drinks were also available to people if they wanted to have them.

We checked records and found there were systems in place to ensure people who had been identified as

being at risk of poor nutrition were supported to maintain their nutritional needs, but that this was not applied consistently. For example, the involvement of the speech and language team (SLT) was clearly recorded in one care plan, with detailed guidance available for staff. We found that weights had been taken regularly and monitored. In another person's care plan it had been recorded that they were a low risk. It was also recorded that the person required weekly weights and monitoring. We noted that this person had not been weighed for two months. This meant that care practice was inconsistent.

The manager told us they were currently introducing the Malnutrition Universal Screening Tool (MUST) but that not all care plans had been updated yet. We checked care plans and found that some had the MUST tool and some care plans still had the services own nutritional assessment.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. 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 Act 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 MCA. The application procedures for this in care services and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found that the provider was not always aware of their responsibilities with regard to DoLS. For example, we spoke with the registered manager about one person deprivation of liberty. The manager was not aware that one of the authorisations expired in August and that this would need to be reviewed by the social worker prior to this time.

We checked records and looked that people had given their consent to the care that was being provided to them. We found that when this was required assessments of people's capacity was carried out but we noted that consent had not always been obtained. For example, We found that in some care plans, people had signed consent forms. However, they had been assessed as lacking capacity prior to this date. This could imply that they might have been unable to give their own consent.

We spoke to staff, they could not explain that they understood what the requirements of the Mental Capacity Act 2005 were, its main codes of practice and Deprivation of Liberty Safeguards. They were unable to explain how they would put this into practice to protect people. Staff told us that MCA and DoLS training was booked to take place next week. We checked records and found that not all staff had received training or required refresher training in this area. We spoke with the manager about this they told us that training was arranged for next week, but was not able to provide us with any evidence confirming which staff were booked on to attend this training.

People's care records showed the involvement of health and social care professionals and we saw evidence staff had worked with various agencies and made sure people accessed other services in cases of emergency, or when people's needs had changed. For example, GP's, district nurse teams, mental health team, social workers and the chiropodist. Records reflected the advice and guidance provided by external health and social care professionals. This meant staff worked with various professionals to ensure the individual needs of the people was met.

Good

Is the service caring?

Our findings

People who used the service were complimentary about the standard of care and told us it was good. One person said, "I have a good rapport with all the staff." Another person said, "The staff here is caring. I am happy here. "

Not everyone at the service was able to verbally share with us their experiences of life at the service. This was because of their dementia. So we spent time observing their care, which included the lunchtime meal and activities.

We observed, staff being gentle and considerate in their approach to people. They spoke quietly but clearly too some people who showed signs of distress or agitation, and were successful in calming or distracting them. We especially noted that staff was practiced at knowing the best things to say to people to distract them from repetitive behaviour that was causing them to be upset. One staff member told us, "It is important to me is that the people here are well looked after, and happy. As long as I can do my best and make them happy when I am at work. That is what's important."

We observed people were well presented and looked comfortable with staff who were caring and friendly towards them. We saw staff being patient with people. For example, after lunch, when carers were escorting people using walking frames from the dining room back to their rooms, they were doing this in a kindly manner and not rushing them. We saw that when staff carried out tasks for people they bent down as they talked to them, so they were at eye level.

We observed people being hoisted. The staff used the correct handling technique, and explained to people what they were doing as they assisted people. Staff had a calm and confident approach and made sure that people were comfortable when they were seated.

We observed staff being mindful of protecting people's dignity and found staff were discrete when reminding people to use the toilet. We observed a staff member gently rearranging one person's clothes as they stood up and placing a blanket over another person's legs; to ensure that their dignity was not compromised. Staff respected people's privacy and ensured that confidential care files were locked away between use. We saw that staff knocked on bedroom doors and called out to people before entering.

Relatives told us they were able to visit at any time and were always made to feel welcome. We saw that visitors were greeted warmly by staff or the registered manager. Relatives told us that staff kept them informed about their loved ones on a regular basis, which helped them to feel involved in their relatives care. One relative said, "The staff are friendly and pleasant, they are always available for a chat."

The service operated a keyworker system, which meant that each person had a designated staff member to oversee their care. Staff told us that this helped them to "get to know people." One person said the manager and staff were, "Helpful, approachable, and always professional."

Regular meetings were held with people who lived at the service, with notes of the meeting available for people who wanted them. Information on advocacy was available to people who used the service. Advocacy seeks to ensure that people have their voice heard on issues that are important to them. The manager told us that advocacy had previously been involved with the service.

Good

Is the service responsive?

Our findings

People told us they received care and support and enjoyed the activities provided. One person said. "The activities co-ordinator is very good at getting us involved. Another person said, "There are lots of things going on here, the activities lady is good."

We observed that activities took place both in the morning and afternoon. The afternoon activity was music therapy. We saw, that when most people noticed that this activity was taking place, they became very excited. One person shouted out, "don't forget [Name] they are next door, they won't want to miss this." The activities coordinator then danced out to see if [Name] wanted to participate and returned with [Name] and four other people. A person who sat close by, had previously been sleeping. They suddenly sat up brightly in their chair and said, "yes, yes," excitedly. The living room which had previously been very quiet and sleepy, suddenly became very lively. We noted that the extra stimulation encouraged some people who had previously been sat next to each other in silence to start to chat together and make small talk. One person pointed to a ladies cardigan and said, "I like that is it a new dressing gown." The activities coordinator and music therapy assistant offered everybody an instrument or piece of percussion equipment. We noted that everyone who was offered equipment accepted happily and quickly started to make a noise with it. One person stood up and started to dance. We observed most people joined in and were either singing, dancing or laughing. Everybody genuinely appeared to be enjoying themselves. Another person started to laugh and loudly say "come on let's do the conga."

The activities coordinator took people out on an individual or in small group for coffee or lunch out and the service had links with the local church. The manager explained that the service did not have use of a mini-bus and this made arranging group activities outside of the service difficult as they had to raise funds to arrange local transport. One person said, "There are no outings, but I go out in the garden regularly." Another person said, "there aren't really any trips out, but I am happy with that, I don't want to go out."

All of the people we spoke with told us the staff did a good job. One person told us about the activities coordinator and said, "There is very good entertainment, [Name] organises quizzes, entertainers and a theme day every month, I think its Indian next." Other people told us about events that the home arranged. People told us that they were able to choose when they went to bed and when they got up. One person said, "I choose when I go to bed and when I get up."

We checked records and found, care plans reflected how people were supported to receive care and treatment in accordance with their needs and preferences. Assessment information was included in the care plans and recorded detailed information. However we found that this was not consistent and some of the recording in the risk assessments were confusing and lacked appropriate guidance. Each person's care record contained a social profile, where the information had been collected with the person and their family and gave details about the person's preferences, interests, people who were significant to them, spirituality and previous lifestyle choices.

Bedrooms were individualised, some with people's own furniture and personal possessions. We saw many

photographs of relatives and occasions in people's bedrooms. All the people we spoke with told us they could have visitors whenever they wanted and they were made to feel welcome. One person who used the service told us, "My family pop in often, they can come anytime. We spoke with a family member visiting the service, they told us the service was accessible to them and they could pop in at any time.

People we spoke with were aware of the complaints policy but did not have any complaints. One person told us, "I have had no need to complain, the staff here are good." The provider had complaints policy which explained the procedure and provided information on how to make a complaint.

People and their relatives knew how to make a complaint, should need to do so. Details about complaints had been provided to them when they had moved to the service. A copy of the provider's complaints procedure was displayed in the entrance hall and gave guidance about how complaints would be handled. We found that complaints had been logged and responded to, by the registered manager.
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Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection, people we spoke with and their family member were complimentary about the registered manager and the way they led the service. One family member said, "the manager is professional but approachable."

We checked records and found that a new quality assurance system had recently been introduced to look at ways to monitor and improve the quality of care people received. We noted that this had only been partially completed. We reviewed audits that had been completed around medicines and infection control. When shortfalls had been identified it was not recorded when action had been taken and shortfalls had been addressed. At this inspection, we found that some auditing had not reviewed all areas of the service. For example, the medicines audit did not include a review of loose medicines and whilst a new quality assurance process had been introduced this had only been partially completed.

We spoke to people to obtain their views of the registered manager and were told, "I have no problems, and she really knows her job." Another person said, "[Name] is a good, fair person and they take part in everything." Another person explained the manager was, "Always, extremely helpful." However, despite the feedback we received we found that the service required improvement in this area.

We checked records and found that the service did not always put strategies in place to minimise risks when these had been identified. For example, we noted that one person had recently tried to push a hoist down the stairs. We spoke with the manager to find out what action had been taken to reduce risks. We were told that that no action could be taken due to building regulations. We asked for evidence that risks had been assessed and a strategy put in place to minimise the risk of this happening again, and to reduce the risk to other people who may also have used the stairs. No records were available to show that risks had been assessed or that consideration had been given to the ways in which risk could be reduced. We observed that a hoist was still stored at the top of the staircase on the first floor. This meant that consideration had not been given to look at ways to avoid a similar occurrence happening again.

Staff said that the vision and values of the service were to, "Care for people, making sure their needs are met to a good standard." One staff member said, "The best thing about working at Loughton Hall is that we are like a family; we are friendly, polite and help each other."

Staff told us that they felt supported by management. We spoke with the manager who told us that the use of agency workers and the difficulty in recruiting and retaining staff members was impacting on team morale. The manager told us that, "Someone had resigned today and that this means that I need to use more agency workers to cover shifts and that this doesn't help when trying to build staff morale."

Feedback had been sought about the service through an annual questionnaire which had been completed by people who use the service, relatives, staff and health professionals. The manager told us that they had not had time analyse the results of the survey (which had been carried out in January.) We noted that the most comments reported high satisfaction with the registered manager and that negative comments were

mainly made about the use of agency staff.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines was not always being managed safely.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Service users must be protected from abuse and improper treatment. Systems and processes must be operated effectively to prevent the abuse of service users. Systems and processes must be established and operated effectively to investigate, immediately upon becoming aware of, any allegation or evidence of abuse. Service users must not receive care which is degrading for the service user.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Insufficient number of suitably qualified and competent persons deployed on shift. Appropriate training necessary to carry out their duties they are employed to perform was not always provided or had not been refreshed.