Loughton Hall Ltd

Loughton Hall

Inspection report

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Date of inspection visit:
12 April 2023
14 April 2023
19 April 2023
24 April 2023

Date of publication:
01 June 2023

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service well-led?	**Inadequate**

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 21 people were using the service.

People's experience of using this service and what we found
People's medicines were not managed safely, and staff competencies were either not in date or poorly assessed. Risks to people or the environment were not always assessed, monitored, and managed effectively. Following a visit from the local authority safeguarding referrals were now being sent, however not all these had been reported to CQC. We found gaps in staff recruitment processes. We have made a recommendation about staff recruitment. There were enough staff to support the number of people currently living at the service.

Records did not always show what support people were given. this included food and fluids intake and repositioning. People told us they enjoyed their food; however, work was needed to improve the choices available on the weekly menu's. We were not assured people were having their oral care needs met.

People were not always supported to have maximum choice and control of their lives, and staff did not support them in the least restrictive way possible and in their best interests. Whilst people were supported, and encouraged, to make day to day choices, the policies and systems in the service were not supporting people to have maximum choice and control. This was because care records did not always evidence if less restrictive options had been explored prior to restrictions being in place or who was consulted in people's best interests.

Quality assurance processes were not effective, and most audits had not been completed since 2022. A warning notice has been sent in relation to governance at the service.

A new manager had recently started in post and was beginning to review the quality of care and draw up action plans for improvement.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update
The last rating for this service was requires improvement (published 29 August 2022) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found not enough improvement had been made and the provider remained in breach of regulations.

Why we inspected

We received concerns in relation to safeguarding concerns, staffing, care practice and medicines management. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained requires improvement based on the findings of this inspection.

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

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Loughton Hall on our website at www.cqc.org.uk.

Enforcement and Recommendations
We have identified breaches in relation to medicines, risk management, meeting people's nutritional needs, and governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective? The service is not always effective. Details are in our effective findings below.	**Requires Improvement**
Is the service well-led? The service was not well led. Details are in our well led findings below.	**Inadequate**

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 was carried out by 2 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection the registered manager was no longer working at the service. A new manager had been recruited who had submitted an application to register. We are currently assessing this application.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 12 April 2023 and ended on 24 April 2023. We visited the location's service on 12 and 14 April 2023.

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 and professionals who work with the service. 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 spoke with 4 people who used the service and 3 relatives about their experiences of the care provided. We spoke with 6 staff including the operations director, the new manager and care staff. We reviewed a range of records. This included 6 people's care plans, a range of medicine administration records (MAR) and 3 staff recruitment files. We viewed a variety of records relating to the management of the service including audit systems. We spent time observing the care people received within the service.

Requires Improvement

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. At this inspection the rating 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
• Risks related to the environment were not always managed safely.
• Two cleaning products were found in communal shower rooms, one which would have had serious consequences for people if ingested or swallowed. These were removed by CQC. The operations director investigated this immediately with staff and informed us following the inspection,the environment is now checked daily.
• Three wardrobes were not secured to the wall which could expose people to risk of injury and not all fire doors closed correctly. The operations director took immediate action, and these issues were actioned following the inspection.
• Personal evacuation plans stored in the service's grab bag were not accurate and referred to people no longer living in the service or people in the wrong rooms. Fire drills were carried out; however, we identified concerns some were recorded as taking a long time. This had not been followed up by the provider.
• Risks associated with people's individual care and support needs were assessed and recorded to make sure people were safe. However, these did not always detail or provide appropriate guidance for staff to follow.
• Some people had incidents of distressed behaviour, but there was no detailed risk assessment or guidance for staff to minimise or de-escalate any distress. This increased the risk of harm to the person and to other people in the service.
• The falls incident reports contained a section for analysis, but this was mainly a tick sheet and not routinely completed. There was no overall analysis to identify trends or themes to reduce reoccurrence.

Using medicines safely
• Medicines were not always managed safely.
• We could not be assured people were receiving their medicine as prescribed as we found numerous gaps on medicine administration records (MAR), which had not been picked up on audits or any action taken.
• People did not always have protocols in place for 'as and when required' (PRN) medicines. This put people at risk of inappropriate use of these medicines.
• Medication competency assessments were not always up to date. One competency assessment recorded poor practice, but we could find no evidence this had been followed up or any action taken.

Preventing and controlling infection
• People were not always protected by the provider's prevention and control of infection procedures. Not all areas of the service were clean.
• We found toilet brushes were very worn and not always clean, and some toilets and bathrooms needed

additional checks to ensure they were cleaned thoroughly.
• Flooring in some toilet and bathroom areas was lifting and not sealed which meant dirt and grime could accumulate.

We found no indication people had been harmed. However, systems were not effective to assess, monitor, and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

• Following the inspection, the operations director did send us information which showed immediate action had been taken for the safety concerns we identified.

Visiting in care homes
• People received visitors without restrictions. Relatives and friends visited people freely.

Systems and processes to safeguard people from the risk of abuse
• Systems were in place to help protect people from abuse, but these were not always effective.
• The local authority had recently visited the service and identified that some incidents and accidents had not been referred appropriately as safeguarding concerns. Following the local authority visit these incidents were subsequently referred. However, these incidents had not always been referred to CQC.
• People and their family told us they felt safe with the support provided at the service. One person told us, "I do feel safe here. Staff are very good, and politeness goes a long way." A relative said, "I feel [person] is safe, individual staff seem to care for them."
• Staff had received safeguarding training and understood how to recognise and report abuse within the service. One staff member told us, "I would report to the senior or the manager. I might go to a social worker." Another staff member said, "I would always speak up and report to senior or manager. If I was still worried, I would go to CQC."

Staffing and recruitment
• There were enough staff to meet people's needs. Agency staff were used due to current staff vacancies. Some agency profiles were missing. Following the inspection, the operations director informed us these were now in place.
• Some of the recruitment records we reviewed had some gaps in information. For example, there was no reasons recorded why prospective staff had left previous roles of working with vulnerable adults or children or a recent photograph.

We recommend the provider takes advice from a reputable source to review their recruitment practices in line with safe recruitment practice guidance.

Learning lessons when things go wrong
• Systems were not always in place to ensure lessons learnt were shared and communicated across the staff team.
• The provider was introducing a system look at patterns and themes linked to falls to identify any wider learning and areas where safety could be improved across the service.
• The operations director was responsive to the concerns identified during the inspection and took immediate action in relation to the safety concerns found during the inspection.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience
• Staff were not always sufficiently trained, informed, and supported to fully ensure the quality and safety of people's care.
• The training information showed some staff had not completed all relevant training needed. For example, there were gaps in staff training for core subjects such as practical moving and handling training, first aid awareness training, and food hygiene.
• Staff had not all received relevant training to support people experiencing episodes of distress; to de-escalate situations and protect the person, themselves, and others. Care records recorded detail of a person's distress or anxiety but did not describe any information about how staff had intervened.
• Staff did not always receive regular supervision. Four staff files we looked at had no formal supervision recorded.

The provider had not ensured staff were provided with the necessary training and to support people safely. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• Despite gaps in training and supervision, staff told us they were happy working at the service and felt supported. One staff member told us, "I feel very supported I have never had any problems. We have a flash meeting every day at 11.00, we have staff meetings as well."

Ensuring consent to care and treatment in line with law and guidance
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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions

relating to those authorisations were being met.
• DoLS applications were submitted appropriately to the local authority when required.
• Mental capacity assessments or best interest decisions were not always in place for restrictions applied to people's freedom. For example, for people who had alert mats beside their bed or bed rails in place, there were no MCA or best interest decision in place to show these were used for safety reasons.
• We observed people were offered choices about their day-to-day life, such as what they ate or drank or where they wanted to spend time.
• Staff spoke about how they offered choice and provided people with the information they needed in ways they understood. A staff member told us, "We do activities, we ask people individually and offer or show them options.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• People's needs were assessed before they moved into the service. However, care plans and risk assessments were not always personalised, relevant or up to date. For example, one person had a risk assessment as a smoker but no longer smoked.
• Daily records related to food and fluid intake and repositioning charts were not being recorded effectively and care plans were unclear if this was necessary. However, throughout the inspection we observed people being given drinks regularly and no-one at the service had a pressure sore.
• Care plans did record people's needs in relation to oral care, however we found toothbrushes were often hard and looked unused. The manager told us this will now be checked daily.
• People were supported to access healthcare services to promote and maintain well-being. A relative told us, "They sort out GP's, they get someone if [person] needs them."
• The service worked with other agencies to ensure referrals were made to appropriate organisations. Records viewed confirmed people were receiving input from different professionals. A professional told us, "The care plan is not quite tallying, but [person] and relative are happy with the service."

Supporting people to eat and drink enough to maintain a balanced diet
• Care plans documented any dietary requirements, food and fluid likes, dislikes, allergies, and requirements.
• People who needed support to eat and drink were supported by staff who were familiar with the person they were supporting. However, one person did not want their lunch and whilst staff encouraged them, they did not eat anything for lunch. Unfortunately, when we later checked the records, staff had recorded they had eaten lunch. The operations director followed this up immediately.
• The manager told us they were working on an allocation sheet to ensure staff were assigned to particular people in relation to recording what they had to eat or drink to avoid errors.
• People told us they were given a choice of meals and we observed pictorial images used to support people to choose their lunch. However, at breakfast we observed people were offered sausage rolls as part of the choices for breakfast. We followed this up with the operations director who told us, an agency staff member was cooking, and they would address this with them. Other usual breakfast choices were available such as bacon, beans, or cereals.
• People were positive about the food and one person told us, "The food is good and we get a choice."

Adapting service, design, decoration to meet people's needs
• Some areas within the service were dated and tired and some flooring particularly in bathrooms and toilets needed replacing. In one bedroom a blind was broken meaning the room was dark with no light coming in.
• The operations director sent us a refurbishment plan which included refurbishment of flooring in several areas, additional lighting, and redecoration of communal areas.

• Some bedrooms were personalised; however, some were quite plain with no personal items visible.
• In several bedrooms we found bedding was quite old and very creased and required replacement. The operations director told us they had plenty in stock and would replace this immediately.

Inadequate

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. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

- The provider had failed to recognise and identify significant failings impacting on the quality and safety of service provision.
- The registered manager no longer worked at the service. The provider had recruited a new manager who had only been at the service for 3 weeks. The service was also supported by a manager from the local authority.
- Systems and processes were not effective to monitor quality, and ensure the building and environment was safe for people to use, staff were not always trained and supported, and risk assessments were not always effective.
- Audits in place had not been completed since 2022 and these did not record whether any actions had been taken to resolve concerns found.
- Audit systems were not effective in identifying shortfalls in the administration and recording of people's prescribed medicines. This meant we could not always be assured people had received their medicines as prescribed.
- The provider had not ensured care plans and risk assessments were consistently reviewed and updated to ensure key information about people's needs remained accurate. This included the issues we identified in people's records relating to food, fluid, repositioning and people's capacity.
- The local authority had identified not all safeguarding incidents had been reported and whilst these had now been referred retrospectively, we identified occasions where statutory notifications had not been sent to CQC. Providers must inform CQC of all incidents that affect the health, safety and welfare of people who use services. Following the inspection these were retrospectively submitted.

The provider had failed to maintain effective systems and processes to drive the quality and safety of the service. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People and relatives spoke positively about the service and felt able to raise any issues with them. One

relative told us, "More recently there is more interaction in the lounge, everyone seems happier at the moment." Another relative said, "They do ring me if there is something and they do listen to what I have to say. We had a meeting recently."
• Staff were positive about the support from the management and staff. A staff member said, "The empathy and sentiment gives me joy to work. Makes me fulfilled every day. I feel the joy and the family is a team. I am happy to be here." Another staff member said, "Honestly if there is anything I need help with they are willing to help. They do listen. They notice when staff are upset."

Continuous learning and improving care; Working in partnership with others
• The service had developed service improvement plans as a result of the recent local authority visit and were actively working towards improvements.
• The operations director and the new manager were pro-active in responding to the safety concerns identified during the inspection and had actioned some concerns by day 2 of the inspection.

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 12 HSCA RA Regulations 2014 Safe care and treatment Systems were not effective to assess, monitor, and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not ensured that staff were provided with the necessary training and to support people safely. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to maintain effective systems and processes to drive the quality and safety of the service. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The enforcement action we took:

Warning notice