

Loughton Hall 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?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

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 18 people aged 65 and over at the time of the inspection. The service can support up to 33 people.

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

Not all accidents and incidents had been reported appropriately as safeguarding referrals or as notifications to CQC. The service was working with the local authority to improve practice in this area and the provider has now reported any accidents or incidents that require a referral retrospectively.

There were inconsistencies in care records which were not always being kept up to date to guide staff on how risks were mitigated. However, staff we spoke with were clear about the risks associated with people's care. The provider was in the process of updating all care records to an electronic system.

Despite no concerns being raised relating to staffing levels from people that used the service, we received some feedback from staff there was a risk of people's care needs not being met in a timely way as on some night's numbers dropped if cover could not be obtained. We have recommended the provider assess the staffing levels at night.

People were protected from the risk of transmission of COVID-19 and other infectious diseases. The environment was clean and well maintained.

People were supported to have maximum choice and control of their lives and support them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, improvements were needed to care plans in relation to capacity and consent and we have made a recommendation in this area.

People using the service were happy with the care they received. They told us staff were kind and met their needs.

Not all care records evidenced how people would want to be supported at the end of their life. We have made a recommendation about end of life care.

Audits on quality and safety were completed but had not identified all the shortfalls we found in areas such as reporting referring accidents and incidents and care planning.

Why we inspected

The inspection was prompted in part due to concerns received about medicines, safeguarding concerns infection control and staffing. A decision was made for us to inspect and examine those risks.

This service was registered with us on 06 November 2019 and this is the first inspection.

The last rating for the service under the previous provider was good, published on [12 September 2019].

We have found evidence that the provider needs to make improvement. Please see the relevant key question sections of this full report.

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 effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

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 Care Act 2014.

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

This inspection was carried out by two inspectors.

Service and service type

Loughton Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission, as they had recently left the service. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

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 all of this information to plan our inspection.

During the inspection.

We spoke with seven people who used the service about their experience of the care provided. We spoke with five members of staff including the area manager and the provider. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three 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 looked at training data and quality assurance records. We spoke with a further four staff and three relatives.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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.

Systems and processes to safeguard people from the risk of abuse

- The local authority had identified not all incidents or accidents had been raised as safeguarding referrals. Whilst each accident and incident had been followed up and additional control measures put in place to prevent these incidents or accidents reoccurring, the service had not recognised that some accidents and incidents met the threshold for a referral to the local authority. The area manager immediately raised these referrals retrospectively.
- All accidents and incidents that had occurred following the visit from the local authority had been referred appropriately. The provider had adapted their records to ensure staff were prompted to refer all incidents or accidents that met the safeguarding threshold appropriately.
- Staff received training in safeguarding adults and understood the importance of whistleblowing. Whistleblowing is a term used when staff pass on information regarding wrongdoing. In this context it relates to the work environment. One staff member told us, "I would tell my senior, if it was not taken seriously, I would go to the manager or call CQC."

Assessing risk, safety monitoring and management

- The service had systems and processes to identify and monitor risks to people. However, we identified some risks had not always been reviewed appropriately. For example, one person's risk of falling was assessed as low but had recently experienced two falls. This information had not been used to review and update the risk assessment.
- The provider was in the process of updating all care plans onto an electronic care planning system. This included reviewing all risk assessments to ensure they reflected the current risks associated with people's care. We noted whilst the records had not been updated, control measures such as alert mats or extra monitoring were put in place to reduce risks to people's safety. The service was working with the local authority to address the shortfalls identified in records.
- Staff we spoke with had a good knowledge of people and the risks associated with their care.

Staffing and recruitment

- We observed sufficient numbers of staff on duty on the day of our visit. One person told us, "There is enough staff. It is nice being here I can't fault it anyway." A staff member told us, "It feels at the moment that we have enough staff." Another staff member said, "There is enough staff here, I have worked in previous care homes but find here that staff respond to people straight away."
- There was mixed feedback from staff about night staffing levels. Staff told us when agency staff were used, or last-minute sickness occurred, this meant they did not always receive a break and felt rushed. We discussed this with the area manager who told us they had recruited additional staff at night and were

waiting for the necessary checks required prior to them starting work.

We recommend the provider undertakes a review of night staffing levels to ensure there are always sufficient numbers of staff available all of the time to meet people's needs.

Using medicines safely

- Medicines were managed safely. Staff received appropriate training and their competency was regularly assessed. The provider carried out regular audits to ensure processes were followed by staff and to identify any issues.
- Appropriate actions had been taken to reduce the likelihood of errors reoccurring and to improve systems in place. A concern had been raised in respect of people not receiving their prescribed medicines. This had been investigated by the area manager and a meeting held with the pharmacy provider to ensure this did not reoccur. The area manager had also introduced additional checks to monitor stock levels more closely at the service.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The provider was open to learning from things which had gone wrong. Accidents and incidents were now analysed, and improvements were being made to people's care records. Several whistle blowing concerns had been received and the area manager had spoken to all staff individually to ensure they felt able to raise any concerns they had about the service and would take action where they were able to, in relation to any concerns raised.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider ensured that assessments of people's needs had been completed prior to admission which included obtaining information from people and their relatives about their needs and preferences and how they would like to be supported. One relative told us, "[Family member] only went into the home in January and actually I think they seem to be eating a lot better and seems quite happy."
- People's needs and choices about their care were reflected in their care plans.

Staff support: induction, training, skills and experience

- Staff had been given an induction in accordance with recognised standards for care staff. However, we did identify two staff who whilst they had received all mandatory training, had not received an induction. The area manager responded immediately and confirmed both staff had been registered for their care certificate. The care certificate is a nationally recognised induction for care staff.
- The provider had a record in place to monitor all staff had regular and refresher training to keep them up to date with best practice. One staff member told us, "They observed what I was doing and introduced me to residents. We have done online training and manual handling." Another staff member said, "They are quite good with the training here."
- Staff told us they were happy with the level of supervision and support from senior staff.

Supporting people to eat and drink enough to maintain a balanced diet

- People's feedback about the quality of the food was positive. One person told us, "Food is always alright and plenty of it." Another person said, "Food is good."
- People's care plans included information about their specific nutritional needs, for example if they needed support to eat or dietary requirements due to their specific health needs.
- The mealtime was a positive, and sociable experience for people with a good ratio of staff present to ensure they received the support they needed to eat their meal. People were able to eat independently, and staff asked people if they needed support with cutting up food.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support

- Systems were in place for referring people to other services. Records showed advice and support had been sought from health professionals, such as, the GP, district nurse, dieticians, and speech and language therapists.
- The service was currently working with the local authority to improve care records.

Adapting service, design, decoration to meet people's needs

- Peoples bedrooms were comfortable and had been personalised with items of importance to the individual.
- The service was following current guidance on safe visiting to the service.

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 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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff were observed offering people choices and seeking their permission before commencing support.
- Where people had been deemed to lack capacity to make significant decisions about their health, welfare and finances, best interest documents had been completed. However, we found some mental capacity assessments lacked specific detail about the decision that was being assessed and were generic in their content.

We recommend the provider finds out more about current best practice, in relation to assessing people's capacity.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they liked living in the service and were cared for well. One person told us, "You couldn't get better people than you have in here. They are very nice and If you need anything, they never turn me away." Another person said, "I have made friends here and we all talk to one another. There is enough staff. It is nice being here I can't fault it anyway."
- We observed that staff were familiar with people's needs, preferences and were responsive to how people were feeling as well as their physical care needs, ensuring reassurance was given when needed. For example, a staff member immediately responded to someone who said they felt chilly and went to get them a cardigan to put on.
- A staff member told us, "From the day I walked in I saw this is a home and I was impressed with the care. I consider myself the eyes and ears for the people here and make sure things are good." Another staff member said, I think people are very well looked after and the structure is very good. Staff are busy but we try and spend as much time possible with people, we chat and have tea and coffee with them."

Supporting people to express their views and be involved in making decisions about their care

- People and relatives told us they were involved in their care planning needs. One relative told us, "They did go through everything and they do keep me updated."
- We observed that staff were kind and caring in their interactions and offered choices in relation to people's day to day care. For example, when staff were asking people what they would like for lunch, for people that were unable to make a verbal choice they showed pictures of the two choices and we saw people making definite choices about what they wanted to eat.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and treated people with dignity and respect. Each person had their own room that they could access at any time. Staff respected people's privacy and knocked on doors before entering rooms. A staff member told us, "I make sure the curtains are closed, the doors shut, and I knock to enter a room. I always explain what I am doing to people."
- There was a relaxed atmosphere and people were cared for in an unhurried way. We observed people walking independently and some with frames, whilst staff assisted others.
- A dignity audit was completed regularly by senior staff to ensure people were treated in a dignified and respectful manner.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences: Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had care plans in place to guide staff on people's preferences and how to support people. We identified not all identified risks were accurate or reviewed effectively. However, the provider was aware of this and currently transferring care plans onto an electronic system. A recent visit by the local authority had also identified that improvements were needed to care plans and the provider had an action plan in place.
- Despite the concerns in documentation most people had a good experience and they told us they were cared for well. One person told us, "I don't like a shower, so I have a bath. The food is good and so is my room, it is nice and clean."
- People were supported to maintain relationships with their families and relatives told us they had just started visiting the service following restrictions posed due to the COVID-19 pandemic. One relative told us, "Yes I am visiting and finding that okay. The staff have kept me up to date."
- The service had recently employed a new activity co-ordinator and people and relatives were positive about the improvements. One person told us, "There are plenty of activities, you never know what they are going to do next." A relative said, "There is a new entertainment person who has made a huge difference and things are much better."
- The activity co-ordinator told us they tried to be flexible day to day and involve people in choosing activities they wanted to do. They said, "I do an activity in the morning, I do a plan for myself, but I try to be flexible and change to suit what people want to do. The management have been lovely and very supportive."
- During our visit the activity co-ordinator was not working but we saw some people looking at magazines, others were involved in a floor target game with staff.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's information and communication needs were identified through the assessment process. Staff understood people's individual communication needs.
- The care plan referred to the person's hearing and vision and included when hearing aids and glasses were worn.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place. The people we spoke with told us they had not had to make any complaints.
- The relatives of people and staff with whom we spoke knew how to report a concern or a complaint should they need to.

End of life care and support

- At the time of our inspection, there was no one receiving end of life care.
- Whilst there was some information on care plans in relation to people's end of life wishes this was not consistent. For example, in some care plans we found preferred priorities of care (PPC) documents were blank. The PPC gives people a chance to think about, talk about and write down what they would like to happen with the care they want at the end of their life.

We recommend the provider seek advice and guidance from a reputable source, about supporting people to express their views and involving them in decisions about their care, treatment and support at the end of their life.

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.

This is the first inspection for this newly registered service. This key question has been rated 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: 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; Continuous learning and improving care

- A manager had been appointed to the post in March 2021. However, they were no longer in post at the time of the inspection.
- The area manager told us they were now based at the service and the provider was actively recruiting a new manager.
- The provider and the management team were making improvements to the way the service was operated. For example, a new electronic care plan system had been introduced, and paper care plans were being transferred to this system. The provider had identified this process required appropriate resources and had allocated a senior staff member to undertake this task full time.
- A recent visit by the local authority had identified some concerns in relation to care planning and the provider had an action plan in place to make the required improvements.
- Audits were not consistently identifying all concerns we found during this inspection. However, we found the regional manager and the provider had responded proactively to the concerns identified within the report. A new prompt had been added to accident data to ensure any concerns that met the safeguarding threshold had been referred appropriately.
- Whilst some of the incident and accidents had not been reported to CQC at the time, these had now been submitted retrospectively. The regional manager understood the regulatory requirements to report incidents and events to CQC. Our records showed following the visit from the local authority these had now been submitted as required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The staff were positive about working at the service. One staff member told us, "There is lovely team work here."
- People living in the service had opportunity to provide their feedback regarding the service through regular resident meetings. Comments in the minutes included, "I am very happy and have no complaints", "If I have a problem the staff sort it out for me" and, "The food is first class and I am putting on weight."
- People had been supported during the COVID-19 pandemic to communicate with their families.

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

characteristics

- Staff told us they had regular opportunities for sharing their views and records confirmed they had supervision sessions to discuss their role. One staff member told us, "I have this with the deputy, and I do have supervision with staff. The area manager has just had a one to one with me and I know they are at the end of a phone." Another staff member said, "The area manager is here most days. I have already had a one to one chat just recently. They asked whether we are happy."

Working in partnership with others

- Staff made referrals to external healthcare professionals when required. For example, where people had been identified as losing weight, referrals were sent to the dietician and recommendations were followed.