

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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Loughton Hall is a care home providing accommodation for persons who require nursing or personal care to up to a maximum of 33 people. The service provides support to older people, including people living with dementia. At the time of our inspection 28 people were using the service.

People's experience of the service and what we found:

People's medicines were not always managed safely. Environmental risks were assessed and monitored. People's risk assessments reflected their current needs. There was enough staff to meet people's needs. Recruitment oversight had improved. Safeguarding policies were being followed and reported appropriately.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The registered manager had oversight of monitoring records such as food, fluid and repositioning records. Appropriate action had been taken to undertake all required training and provide staff with support through supervision and appraisal.

Governance arrangements had improved. However, more work was required in relation to the oversight for medicines management.

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 6 December 2022) and there were breaches 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 whilst some improvements were found the provider remained in breach of regulations.

At our last inspection we recommended the provider takes advice from a reputable source to review their recruitment practices in line with safe recruitment practice guidance. At this inspection improvements had been made.

The last rating for this service was requires improvement (published 1 June 2023). The service remains rated requires improvement. This service has been rated requires improvement for the last 4 consecutive inspections.

Why we inspected

When we last inspected Loughton Hall in April 2023 breaches of legal requirements were found. This inspection was undertaken to check whether they were now meeting the legal requirements.

Enforcement

We have identified continued breaches in relation to medicines and governance.

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

Follow Up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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?

Requires Improvement 

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good 

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement 

The service was not always well led.

Details are in our well led findings below.

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.

Inspection team

The inspection team consisted of 1 inspector.

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 there was a registered manager in post.

Notice of inspection

The inspection was unannounced

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 8 people who used the service and 6 relatives about their experience of the care provided. We spoke with 7 members of staff, including the operations manager and the registered manager. We reviewed a range of records. This included 4 people's care records and several medicine records. We looked at 4 staff files in relation to recruitment and staff training. A variety of records relating to the management of the service. 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 are unable to talk with us.



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.

At our inspection in April 2023, 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 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Whilst some improvements had been made the provider remained in breach of regulation 12.

Using medicines safely

- People were supported to receive their medicines in a way that was not always safe.
- We identified a medicine concern during the inspection which had not been picked up by senior staff. The registered manager investigated and reported this appropriately to relevant agencies during the inspection.
- There were other discrepancies in medicines administration records with unexplained gaps and we could not be assured if this was an administration or recording error.
- The registered manager had been completing monthly and weekly audits following the previous inspection. They had ceased weekly audits due to improvements found. The monthly audit was not due but senior staff completing daily counts had not identified the concerns found during our inspection.
- We asked the registered manager to undertake a full and thorough audit of people's medicines following the inspection.

Systems were not effective at ensuring people consistently received their medicines safely or as prescribed. This placed people at risk of harm. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the registered manager followed up all concerns identified during the inspection and re-introduced weekly audits.
- Competency assessments for staff administering medicines were up to date. However, the registered manager booked additional medicine training and would be revisiting senior staff competency assessments following the findings from this inspection.
- As and when required' (PRN) medicine protocols were in place.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- Systems had been implemented to record safeguarding concerns and the actions taken. Any concerns identified were reported to the local safeguarding team. All concerns were discussed during staff meetings.
- Staff had received safeguarding training and understood how to recognise and report abuse within the service. One staff member told us, " This is about providing good care to residents, I care for people as

though they were my parents. I would report any abuse to the manager or go to CQC or the safeguarding team. It is about protecting residents."

- The registered manager made us aware of a recent incident which was under investigation which had been reported to relevant agencies.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- Risk monitoring records related to the environment had improved. Wardrobes were now secured to the wall and chemicals stored in locked cupboards for safekeeping.
- Risks assessments had improved and contained information to guide staff to support people safely.
- Personal emergency evacuation plans [PEEPS] were completed with more detail and a copy contained within the service's emergency grab bag.
- Fire drills were being completed regularly and these included staff working at night.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- The home was clean, and housekeeping staff worked hard to mitigate infection control risks, however, some bathroom and toilet floors still required improvement to ensure flooring was sealed to prevent dirt and grime from accumulation. The registered manager confirmed more work was planned, and we could see some remedial work had already been completed in some of the bathrooms and toilets.
- We identified some bumpers to cover bedrails were not in good condition. The registered manager ordered replacements immediately.
- Staff told us PPE was available when it was required.

Staffing and recruitment

We made a recommendation at the last inspection for the provider to review their recruitment practices in line with safe recruitment practice guidance. The provider had made these improvements.

- The provider operated safe recruitment processes. All information required for new members of staff now contained documents in line with safe recruitment guidance.
- The provider ensured there were sufficient numbers of suitable staff to meet people's needs.
- People and relatives told us there was enough staff available to provide support. A person told us, "Generally speaking there are enough staff around. There are times when there is a rush, but it is usually okay." A relative said, "There are more [staff] now than before."
- Staff confirmed there were enough staff to meet people's needs. A staff member told us, "There is enough staff. It does depend on staff; we work as a team, and we all get on. At the end of the day everybody is here for residents." Another staff member said, "We have 5 carers and 1 senior, it is enough."

Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- The registered manager reviewed all incidents and accidents at the service to ensure they learnt lessons from them. Themes and trends were considered as part of the analysis.

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 Requires Improvement. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our inspection in April 2023, 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. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

Staff support: induction, training, skills and experience

- The service made sure staff had the skills, knowledge and experience to deliver effective care and support.
- Oversight in relation to training had improved and staff had now either received training relevant to their role or on track to complete training the provider had identified as being necessary.
- Staff were happy with the training they received, and 1 staff member told us, "I had 6 days training and was demonstrated the hoist etc. If you need more training they provide it, they also provide practical training." Another staff member said, "I have lots of training to do with care. We did diabetes training although I did know quite a bit about it."
- The provider had booked first aid appointed persons training for all senior staff to ensure a qualified member of staff was on duty for every shift. This would be completed by the end of January 2024.
- Staff were receiving supervision and told us they felt supported by the management team. A staff member told us, "We do have supervision and I can speak freely." Another staff member said, "The manager is very supportive. We have supervision by one of the seniors and we have staff meetings and a flash meeting every day."

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

- People's needs were assessed, and care and support was delivered in line with current standards to achieve effective outcomes.
- Care plans were developed and regularly reviewed for each identified need people had, with clear guidance for staff to follow on how to meet those needs.
- The registered manager kept oversight of people's health monitoring forms to ensure these were kept up to date and actioned.
- Staff knew people well and responded to people's requests during the inspection.

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

- People were supported to eat and drink enough to maintain a balanced diet.
- People told us they enjoyed the food. A person told us, "Food is quite nice; I am diabetic so have to watch my diet, but I do enjoy the sweet stuff." Another person said, "Food is pretty good."

- We spoke with 1 person who had some concerns about the menu. This information was discussed with the registered manager to follow up. Following the inspection, the registered manager told us the chef now checks in with this person daily in relation to the choices available.
- Care plans contained appropriate information regarding people's nutritional needs and risks.
- During the inspection we observed the lunchtime meal experience on 2 occasions. Whilst one of these observations the experience for people was very positive the other occasion staff were not as interactive with people. The registered manager told us they were currently working with staff in this area to improve consistency.

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

- Staff attended a daily meeting to discuss any concerns or updates about people's health.
- The provider ensured the service worked effectively within and across organisations to deliver effective care, support and treatment.
- People's health needs and information from visiting professionals were recorded within people's care plans.

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

- Improvements had been made to the environment which included some new flooring and carpets. However, more work was needed to further improve the environment.
- A relative told us their family member still had a leak in their bedroom which had not been resolved. The registered manager followed this up immediately.
- The registered manager told us that additional work was being planned to further improve the environment. For example, more improvements to flooring in ensembles and bathrooms was planned.
- The registered manager was also actively recruiting a maintenance person so minor repairs would be attended to in a more timely way.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

- The provider was working in line with the Mental Capacity Act.
- Mental capacity assessments or best interest decisions were now in place for restrictions applied to people's freedom in relation to alert mats and bed rails in place where needed.
- Staff told us they offered choice and provided people with the information they needed in ways they understood. A staff member told us, "We give people 2 options for lunch, give them the list. If they do not like the options, the chef will make them something else." Another staff member said, "We give people choices and help them to make informed decisions. We give them information as best we can and ask for consent."

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 Inadequate. At this inspection the rating has changed to 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.

At our last inspection 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. A warning notice was issued for this breach. Whilst significant improvement was noted oversight in relation to medicines management required further improvement. The provider remained in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Improvements had been made to audit processes; however, medicine oversight was still a concern as several discrepancies were found.
- Whilst the monthly audit for medicines was still due, senior staff had not picked up the concerns found with medicines in daily checks. This meant errors picked up during the inspection would have continued putting people at risk of not receiving their medicines as required.

The provider's failed to keep effective oversight of medicines processes. This was a continued breach of Regulation 17 of the Health and Social Care Act 2014.

- The registered manager completed a full medicine audit following the inspection.
- Audits in relation to care records, environment, health and safety, recruitment records and care practice were now being completed regularly.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff were positive about working at the service. A staff member told us, "I think [registered manager] is good and has the care and welfare of residents and staff at the heart of everything they do." Another staff member told us, "The team work is the best thing, everyone helps the seniors and manager comes and help. If I had a relative, I would be happy for them to live here."
- Processes for staff had improved in relation to training, supervision and meetings.
- People were positive about living at the service. A person told us, "I am going soon but it is a very nice place staff are lovely." Another person said, "I think it is quite well run, staff help me when I need it."
- There were mixed views from relatives about the service. Comments included, "[Registered manager] is lovely, I come here all the time and get updates. I would recommend this home to others", "Staff are very

pleasant and seem pretty good. I have chatted with the manager, and they are picking up everything they need to" and, "To be honest I have quite a few complaints. I am not very happy."

- Another relative was concerned about aspects of their family members care relating to their culture. The person had not been at the service for very long and the relative had not made a complaint, however, they were happy for the registered manager to follow this up.

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 understood their responsibilities under the duty of candour.
- The registered manager and operations director were open and honest throughout the inspection and understood they still had more work to do to improve the quality of care. They responded proactively to all issues identified during the inspection.

Continuous learning and improving care; Working in partnership with others

- There were systems and processes in place to support learning to improve the service. The registered manager was actively monitoring staff training to ensure staff had the right training to meet people's needs.
- The provider worked in partnership with others. This included the GP, district nurses and health and social care professionals.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Systems were not effective at ensuring people consistently received their medicines safely or as prescribed. This placed people at risk of harm. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to keep effective oversight of medicines processes. This was a continued breach of Regulation 17 of the Health and Social Care Act 2014.</p>