

Sandco 1 Limited

# Loran House

## Inspection report

106a Albert Avenue  
Hull  
Humberside  
HU3 6QE

Tel: 01482354776

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Loran House is registered to provide care and accommodation for up to 46 older people who may be living with dementia. It is close to the centre of Hull and has good access to local amenities and public transport routes.

This unannounced inspection took place on 29 December 2016. At the last inspection of the service on 25 and 26 June 2015 the registered provider was non-compliant with regulations pertaining to deploying suitable numbers of staff [regulation 18 (1) staffing], providing effective levels of support to staff [regulation 18 (2)(a) staffing], and quality monitoring systems [regulation 17 good governance].

During this inspection we saw that the registered provider had taken action to ensure compliance had been achieved with the aforementioned regulations. People who used the service were supported by suitable numbers of staff who had received effective levels of one to one supervision and support. The registered provider had reviewed and developed their quality monitoring systems to ensure shortfalls in care and support were highlighted and rectified in a timely way.

The registered provider is required to have a registered manager in post at Loran House. We found the manager had been registered with the Care Quality Commission since 1 October 2010. 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.

Assessments of people's care and support needs were undertaken regularly to ensure staff were deployed in suitable numbers to meet their needs. People who used the service were supported by staff who had been recruited safely following the completion of appropriate checks. Staff had completed training to ensure they knew how to protect people from abuse and avoidable harm. The registered provider had developed plans to deal with foreseeable emergencies which included guidance to enable staff to evacuate people safely in an emergency. Medicines were ordered, stored and administered safely and people received their medicines as prescribed.

Staff received effective levels of support and one to one supervision. Staff told us they felt supported by the service's management team. People were supported by staff who had completed relevant training to enable them to meet the assessed needs of the people who used the service. Staff were encouraged to develop their knowledge and skills by undertaking nationally recognised qualifications. Staff understood how to gain consent from the people who used the service and the principles of the Mental Capacity Act 2005 were followed when people could not make specific decisions themselves. A range of healthcare professionals were involved in the care and treatment of the people who used the service. People were supported to eat a healthy balanced diet and appropriate action was taken when concerns with people's dietary intake were identified.

People who used the service were supported by caring staff. People were treated with dignity and respect by staff who knew their needs and understood their preferences. Staff showed a genuine interest and affection for the people they cared for. We heard people laughing and sharing stories during their interactions with staff. People's private information was stored securely and treated confidentially as required.

Staff recognised changes in people's presentation or condition and responded appropriately. Reviews of people's care took place on regularly and people or their appointed representative were involved in the initial and on-going planning of their care. Care plans had been created to ensure staff understood and could deliver the care and support people required consistently and safely. People took part in a range of activities and were encouraged to follow their interests. The registered provider had a complaints policy which was displayed within the service. We saw that when complaints were received they were responded to appropriately.

The registered provider's quality assurance system included audits, checks, observations and service user feedback. The manager understood their responsibilities to report accidents, incidents and other notifiable incidents to the CQC as required. Meetings were held with staff and people who used the service to ensure their views were known and could be acted upon. Staff told us the management team were approachable, supportive and listened to their views regarding developing the service. People and visiting relatives knew the registered provider and were observed to comfortably engage with them during the inspection.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Staff were deployed in suitable numbers to meet the assessed needs of the people who used the service.

People were protected from abuse and avoidable harm. When accidents or incidents took place they were investigated and action was taken to prevent future reoccurrence.

People received their medicines as prescribed. Medicines were ordered, stored and administered safely.

Staff were recruited following the completion of relevant checks to ensure they were suitable to work with vulnerable people.

### Is the service effective?

Good ●

The service was effective.

Staff received supervision and on-going support to ensure they had the skills and abilities to carry out their roles effectively.

Staff had completed a range of training which enabled them to feel confident when delivering care and support.

People were involved in making decisions about their care and treatment and their preferences were recorded in their care plans.

People were supported to eat a healthy, balanced and nutritious diet. When concerns with people's health and welfare were identified relevant healthcare professionals were contacted.

### Is the service caring?

Good ●

The service was caring.

Staff were aware of people's preferences for how care and support was to be delivered.

People were treated with dignity and respect. People were

encouraged to make decisions in their daily lives and supported to maintain their independence.

Private and personal information was held confidentially. Staff were aware of their responsibilities to not share private information.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People or their appointed representative were involved in the initial planning and on-going delivery of their care.

Reviews of people's care and support were carried out when required.

There was a complaints policy in place which provided guidance to people who wanted to complain or raise a concern. The registered provider offered to meet with all complainants to ensure their concerns were resolved to their satisfaction.

### **Is the service well-led?**

**Good** ●

The service was well-led.

The registered provider's quality assurance systems consisted of audits, checks and feedback provided by people who used the service, relatives, staff and healthcare professionals.

Staff told us the management team were approachable and encouraged people to be actively involved in developing the service.

Notifications were submitted to the CQC as required and the conditions of the registered provider's registration were fulfilled.

# Loran House

## 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 was planned to check whether the registered 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 29 December 2016 and was unannounced. The inspection was completed by an adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We spoke with the local authority commissioning and safeguarding teams to gain their views on the service. We also looked at the notifications we received from the service and reviewed all the intelligence held by the CQC.

During the inspection we spoke with five people who used the service and seven visiting relatives. We also spoke with the registered provider, two senior care staff, four care staff, the cook, the maintenance person, a member of domestic staff and a visiting healthcare professional.

We looked at five people's care plans along with the associated risk assessments and their Medication Administration Records (MARs). We also looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) to ensure that when people were assessed as lacking capacity to make informed decisions themselves or when they were deprived of their liberty, actions were taken in their best interest.

We completed a tour of the premises to check general maintenance as well as cleanliness and infection control practices. We looked at a selection of documentation pertaining to the management and running of the service. This included quality assurance information, dependency levels and staff rotas, staff training records, complaints, recruitment information, policies and procedures and records of maintenance and checks carried out on equipment.

We used the Short Observational Framework Tool 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 observed staff interacting with people who used the service and the level of support provided to people throughout the day, including meal times.

## Is the service safe?

### Our findings

At our comprehensive inspection in June 2015 we found the service had failed to achieve compliance with the Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people who used the service were not supported by appropriate numbers of staff.

During this inspection we found evidence confirming, the service had made satisfactory improvements in relation to the requirements of Regulation 18 described above and was now compliant with this regulation.

At our comprehensive inspection in June 2015 we found staff were not deployed in suitable numbers to meet the needs of the people who used the service. Assessments of people's needs and subsequent dependency levels were not accurate or up to date.

During this inspection we saw that the registered provider had developed a tool to assess people's dependency levels. People's independence and support needs for a range of daily tasks such as personal care, toileting, eating and drinking and mobility were calculated and combined before a rating of low, medium or high was awarded. The staffing levels within the service were calculated to ensure suitable numbers of staff were deployed to meet people's assessed need.

The registered provider told us, "We have 37 people in the service at the moment and have six care staff, a senior and an apprentice working; we also have a person who comes in just to help people get up and bathed who works from 7am until 10am." A member of staff told us, "Some days it can be a bit hectic but I think we do a good job, nobody has to wait [for care and support]."

A visiting relative told us, "I think the staffing levels are good, I visit quite regularly and there is always lots of staff about." Another relative said, "The staff always make time to sit and talk with mum, I have never had any concerns about how many staff are here." A visiting professional commented, "I attend [the service] three or four times a week and think the staffing levels are really good, the staff always take me to see my patient and escort me out. In some homes I go to I never see the staff but I don't have that problem here."

Throughout the inspection we saw that people were supported without delay and noted that call bells were answered quickly. A person who used the service said, "I don't know how many staff they should have but whenever I need someone they are there." Another person told us, "The girls [care staff] are amazing, as soon as I have asked for support they are there to help me."

Staff had been recruited safely. Records showed before prospective staff were offered a role within the service a number of checks were undertaken. Interviews took place where prospective staff's work history and gaps in employment were explored. References were requested and a DBS [Disclosure and Barring Service] was completed to ensure they had not been deemed unsuitable to work with vulnerable adults. We saw staff retention was high and the majority of staff had worked in the service for a number of years. The registered provider commented, "We try and look after the staff, we have a collection of gifts that we are going to raffle off to say thanks for their hard work. I think we are fair and supportive and I think the staff

think we are because lots of them have worked here for years."

People who used the service were protected from abuse and avoidable harm by staff who had completed relevant training and knew how to keep people safe. Staff had a clear understanding of the different types of abuse that could occur and were aware of their responsibilities to report any poor practice they witnessed or became aware of. All of the staff we spoke with told us they were confident the registered manager and registered provider would take any allegation of abuse seriously. They also said, "I would report any abuse to my manger and I would go further if I had to, I would speak to the safeguarding team and the police", "I would make sure the person was safe and report what I had seen" and "I would tell my manager straight away."

When accidents and incidents occurred they were recorded and investigated to ensure appropriate action was taken to prevent their re-occurrence. The registered provider told us, "The registered manager collates the incidents every month and looks for any patterns or trends" and "We report any safeguarding incidents to the safeguarding team and will provide them with a copy of our investigation if they request it."

Plans were in place to deal with foreseeable emergencies such as the loss of essential service, adverse weather conditions and staffing issues. A personal emergency evacuation plan had been created for each person who used the service to ensure staff were aware of the support people needed to remain safe in an emergency situation.

We saw that the service's medicines practices had been audited by a pharmacist and pharmacy technician from a local medicines team on two separate occasions during 2016. The issues identified during the first audit had been actioned without delay and the improvements made by the service were reflected in the second audit.

During the inspection we saw that medicines were ordered, stored and administered safely. We observed a medication round and saw people received their medicines as prescribed. Medicines were stored in a dedicated medicines room and Medication Administration Records (MARs) were used to record when people had taken their prescribed medicines. The MARs we saw had been completed accurately without omission.

People also told us staff supported them to take their medicines safely. One person said, "The staff look after my medicines" and "They have never run out of anything." A second person said, "I get my tablets every day in the morning and in the evening and I get offered pain relief every day."

## Is the service effective?

### Our findings

At our comprehensive inspection in June 2015 we found the service had failed to achieve compliance with the Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff had not received effective levels of support.

During this inspection we found evidence confirming the service had made satisfactory improvements in relation to the requirements of Regulation 18 described above and was now compliant with this regulation.

At our comprehensive inspection in June 2015 we found staff did not have regular supervision and support. Annual appraisals had not been completed when required which meant opportunities to develop the staff team had been missed.

During this inspection we saw that a programme of supervision and appraisal had been created. Records showed staff received supervision and one to one support on a regular and planned basis. A member of staff confirmed, "We have a supervision every three or four months. The managers are really supportive, their door is always open and they are very approachable." A second member of staff added, "I don't think I could ask for more support. They [the management team] know my situation at home and are great with me if I need to take time off at short notice or if I need to leave earlier. It's a great company to work for." Another member of staff said, "I have meetings with the manager regularly. We talk about what's going well and if I need to do anything differently, what training I need to do, that sort of thing."

Staff were encouraged to develop their knowledge and skills. The registered provider told us, "We are willing to support the staff to do anything they want, if someone wants to use us as a stepping stone and go one to become a nurse then we would be very happy about it." A member of staff said, "I have done an NVQ [a nationally recognised qualification] level three in health and social care and have nearly finished a leadership and management NVQ. They [the management team] have really helped me develop."

We saw that staff had completed a range of training to ensure they had the skills and abilities to meet people's needs effectively. Training deemed as mandatory by the registered provider included moving and handling, medication, infection prevention and control, fire, safeguarding vulnerable adults, first aid and health and safety. Specific training to meet people's individual needs had also been completed by relevant staff.

People who used the service were supported in line with the principles of the Mental Capacity Act 2005 (MCA). The 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 homes are 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 were being met. At the time of our inspection four people had a DoLS in place and a number of applications had not yet been considered by the relevant authority.

Throughout the inspection we witnessed staff gaining people's consent before care and support was provided. People's ability to provide consent was assessed and recorded in their care plan. A member of staff explained, "I used to think that it was all very confusing but it's not. I ask people if I can help them and if they say yes I do it and if they say no then I don't. We can get consent from families and through meetings with people's doctors as well."

A range of healthcare professionals contributed to the holistic care and treatment of the people who used the service. People were supported to attend healthcare appointments and received treatment from visiting professionals as required. Records of all professional visits were made including their advice and guidance. A community nurse told us, "The manager and staff are always very interested when I visit; they want to know what they can do to help people and provide really insightful information so we can get the best outcomes for the patients." They also said, "[People's] wounds heal very quickly in this service because the staff always listen and follow our advice, they contact us if they have any concerns and generally do a really good job."

People were encouraged to eat a healthy balanced diet. We saw that people were offered choices for each meal and alternatives were readily available. People's specific dietary requirements were catered for and any concerns with people's nutritional intake were reported to relevant professionals such as dieticians and speech and language therapists.

A person who used the service told us, "The food is pretty good, I enjoy it anyway." Another person said, "We have a good cook, she makes all the things I like."

## Is the service caring?

### Our findings

People who used the service told us they were supported by caring staff who understood their needs and knew their preferences. Their comments included, "They [the staff] are very caring, we always have a laugh and joke", "I'm very happy here, the staff are wonderful, they make time for me and are genuinely caring" and "Oh the staff here are the best around, I wouldn't change any of them."

A relative we spoke with said, "The staff are great, they are very welcoming when I come" and "Mum seems to like all the staff and I know some of them have a soft spot for her." Another relative told us, "They [the staff] are carers by name and carers by nature; nothing is too much trouble for any of them. It's not an easy job but they do it all with a smile on their faces."

We spent time observing how care and support was provided to people who used the service. Staff took the time to sit and talk with people about different aspects of their lives; they shared jokes and laughed together. We saw numerous positive interactions between staff and the people who used the service. It was clear that relationships had been built and staff knew the people they were caring for. A member of staff we spoke with said, "When I say we are one big family I really mean it, my dad lives here and the manager's mum is here as well. I think that's shows how I feel about the home."

People were treated with dignity and respect. We witnessed staff offering care and support discreetly to ensure they were not overheard. Staff knocked on people's doors before entering their rooms and addressed people using their preferred names. A member of staff said, "This is their home, if you came to my house and was rude or disrespectful to me I would ask you to leave so it's very important to treat everyone with respect." The registered provider told us, "When visitors come we ask people if they want to go to one of the quiet lounges so they can have some privacy" and "Some people have keys to their rooms so they can come and go as they please."

People were given information and explanations when they needed it. We heard staff offering people support and describing things in a way they could understand. For example, when a visiting community nurse arrived to provide care to a person who used the service the reason for this and how it would be done was described simply and clearly to the person who used the service. The information provided by the staff member clearly reduced the person's anxiety.

Posters for advocacy services were displayed at various points within the service to ensure people knew they could access this type of support if required. The registered provider confirmed, "We use advocates when we have reviews of people's care if they don't have families that can support them."

Staff supported people to maintain relationships and remain in contact with important people in their lives. One person told us, "I have just spoken to my granddaughter in Germany." Another person said, "I speak to my daughter every night, the staff help me if I have issues with the phone."

We asked the registered provider if there were any restrictions placed on visiting times, they said, "Families

and friends are welcome at any time, if they work during the day and can only come at night then why would we stop them?" All of the visitors to the service we spoke with confirmed they could attend the service whenever they chose.

Confidential information was stored securely. Paperwork was stored in a locked office and electronic files were backed up as required. During discussions with staff it was clear they understood their responsibilities to treat private and sensitive information confidentially.

## Is the service responsive?

### Our findings

People who used the service confirmed they were involved in the initial planning and on-going delivery of their care. One person told us, "We have meetings to discuss my care, my son attends and he helps me." Another person said, "Before I moved in someone came to see me and asked me lots of questions about my health and what I needed help with" and "My social worker comes and makes sure I'm ok, we have a meeting with [Name of the registered manager]. I always say the same thing though; I am very happy here and don't want to go anywhere else."

A relative we spoke to said, "I have power of attorney for mum so I come to all of her reviews and I'm involved in any decisions about her care. They [the service] are really good; they always let me know what's going on." A second relative commented. "There is a review done every six months which I get invited to, someone from the family always attends, there are a few of us you see and we all want to be involved."

Before people were offered a place within the service a detailed pre admission assessment was completed. People's levels of independence and individual needs were assessed and recorded to ensure the service could provide the care and the support they required. The initial assessment along with any information provided by people's families, the placing authority or social services were then used to develop a number of person centred plans of care.

The care plans we saw covered all aspects of people's care and support needs including general health, medication, personal hygiene, social stimulation, mobility and night care needs. Each plan contained guidance for staff to ensure people received the support they required consistently and in line with their preferences. The care plans we saw had been written in a person centred way that re-enforced the need to involve people in decisions about their care, to promote their independence and to support people in line with their preferences. Detailed information such as important memories, where people lived, grew up, went to school and their employment histories were also recorded.

Each care plan identified risks and contained information to enable staff to adequately mitigate the risk or the possibility of it occurring. The registered provider told us, "The registered manager reviews the care plans and risk assessments every three months to make sure they are still accurate and have all the information staff need to deliver a high standard of care."

Loran House is a purpose built service which was designed to meet the needs of people with different levels of independence and mobility. Wide corridors and large entrances to communal lounges, dining areas and bathrooms enabled people in wheel chairs or specialist mobility chairs to move around the home freely. Wet rooms and bath hoists were available to ensure people could be supported in line with their personal preferences. A passenger lift was used to take people to the first and second floors and hand rails were erected throughout the service to support people to walk around unaided.

People were encouraged to follow their interests and take part in activities. The activities co-ordinator told us, "I try and do different things all the time, sometimes we do baking and have themed nights, we play

games or sit and reminisce" and "We also have singers and different entertainers coming in." A person who used the service said, "I don't want to take part in the things they do but I do enjoy just sitting and talking with the staff." Another person said, "I try and keep myself occupied, I have a computer and love to play chess."

The registered provider had a complaints policy in place which was displayed in the main entrance to the service. The policy outlined response and acknowledgement times, timescales for handling different types of complaint and how the complainant could escalate their concerns if they felt the response from the service was unsatisfactory. When complaints had been received we saw that they had been managed in line with the registered provider's policy. The registered provider said, "We want everyone to be happy with the care so will always offer to meet people who have complained as well as doing a written response."

A person who used the service said, "The complaints information is on the wall as you come in" and "I would speak to the staff if I needed something and they would sort it out, I'm sure they would." A relative said, "We have complained in the past but we sat down with the owners and cleared the air, we all agreed how to move forward and it's been fantastic since then, almost perfect." Another relative said, "I haven't complained but they do listen to me if I have any concerns or problems, they sort things out quite quickly."

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## Is the service well-led?

### Our findings

At our comprehensive inspection in June 2015 we found the service had failed to achieve compliance with the Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because effective systems were not used to assess, monitor and improve the quality of service delivery.

During this inspection we found evidence confirming, the service had made satisfactory improvements in relation to the requirements of Regulation 17 described above and was now compliant with this regulation.

At our comprehensive inspection in June 2015 we found the governance systems operated by the registered provider had failed to highlight shortfalls and drive improvement regarding up to date assessments of people's needs and subsequently staffing levels and the support and mentoring offered to staff.

During this inspection we saw that the registered provider had developed their internal monitoring systems which enabled them to identify shortfalls or areas requiring improvement in a timely way and take action to improve the service when required. The registered provider told us, "We are still in the process of improving, we always will be. We want to develop the systems we have and continue to improve the service."

Audits were undertaken in a number of areas including medication, care plans, infection prevention and control, accidents and incidents, activities, pressure care and staff competence which included one to one support and training. Monitoring of record keeping, equipment and the environment were completed by the registered manager and registered provider. People who used the service, relatives and relevant professionals were asked to complete satisfaction surveys on a yearly basis to capture their thoughts about the service. We saw that feedback was used to develop aspects of care delivery when possible.

We discussed the audit schedule with the registered provider and advised that the frequency of auditing should be increased to ensure the quality assurance systems could effectively and consistently drive continued improvement. The registered provider offered their assurance that the increase would be implemented immediately.

Maintenance schedules were in place for the fire alarm system, emergency lighting, water temperatures, hoists, chair lifts and other equipment. The records we saw confirmed the checks were completed regularly and identified issues were recorded and actioned in a timely way.

There was an open culture within the service. We saw that people and their relatives conversed directly with the registered provider in a relaxed and familiar way. A visiting relative said, "I know [name of the registered provider], he is always here when I visit and think he is doing this [operating a registered service] for the right reasons, the way he is with the residents shows he really cares."

Staff told us the management team were a visible presence within the service, were approachable and listened to their views. One member of staff said, "Their door is always open and if you need to talk to them they are always there." A second member of staff said, "We have all worked here for a long time and know if

we have an issue we can speak with [name of the registered manager] and [name of the registered provider] and they will listen and be fair with us." The registered provider told us, "I recently moved my office downstairs so I am more accessible to everyone and can see what is happening on the floor."

The service is required to have a registered manager; the current registered manager had been in post for a number of years. They were aware of their responsibilities to report accidents, incidents and other notifiable events that occurred within the service. We reviewed the accidents and incidents that had occurred with the service since our last inspection with the information we have received. We found that the Care Quality Commission and the local authority safeguarding team had been made aware of specific incidents as required.