

Prime Life Limited

Loran House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Loran House is a residential care home providing personal care to 45 people at the time of the inspection. The service can support up to 46 people, some of whom may be living with dementia. The care home has three floors; ensuite bedrooms are situated on each floor and three communal rooms are on the ground floor.

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

People had not always received their medicines as prescribed due to various reasons, which could place people at risk of harm. There were areas of the service, and specific items of furniture, which required cleaning. In addition, infection prevention and control practices required review and addressing with staff. There were some areas of significant shortfall with regards to records. The quality monitoring system had not identified this range of issues.

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; the policies and systems in the service supported good practice but were not followed. We have made a recommendation about the manager using the code of practice related to mental capacity legislation.

On the first day of inspection, staff were not attentive to people's individual needs and didn't notice when someone needed more support. There was also very limited social stimulation. Improvements were noted on the second day and measures taken to discuss concerns with the staff team and improve practice.

There were systems in place to safeguard people from the risk of harm and abuse, and the manager notified CQC and the local safeguarding team when required. Recruitment of staff was safe.

People told us they liked the food, and menus provided choices and alternatives. Any concerns regarding nutrition or other health needs were referred to health care professionals.

Staff had access to training, supervision and support. There were enough staff planned for each shift but short notice absences and specific staff practices such as seniors completing long medication rounds, left some care staff feeling they needed more support. The manager told us they would monitor this and discuss with staff. There were plans to have team building to aid communication between staff and management.

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

Rating at last inspection

The last rating for this service was good (report published 2 August 2019).

Why we inspected

We received concerns in relation to the timeliness of people's health care support and staff skills/approach. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this report.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to managing medicines, infection prevention and control, records and overseeing quality monitoring.

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 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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Loran House

Detailed findings

Background to this inspection

Loran House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (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 CQC; however, the manager was progressing with registration and is due to have their fit person interview on 16 September 2020. Being registered means that they and the provider are 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

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all information to plan our 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.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with four members of staff including the regional manager, the manager and care workers. We spoke with a visiting health professional. 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 care records for six people and multiple medication records.

We looked at three staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including policies and procedures.

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 telephoned additional staff including senior care workers, care workers, the administrator, a laundry worker, and the cook. We spoke with one relative.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection, this key question has remained the same. 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.

Using medicines safely

- People had not always received their medicines as prescribed. This was due to several reasons such as the timing of medicines rounds, people asleep so missed important medicines, and stock issues. Staff had not always referred missed medication back to the prescriber to enable them to review treatment options.
- Some people were prescribed medicines to be taken 'when required' for distressed or anxious behaviour. When checked, their daily notes did not reflect the reason they were given or the effect the medicine had on their anxiety. Some protocols for medicines prescribed 'when required', needed more information to guide staff, for example, the techniques used to distract people before the last resort of medication, and safe gaps between doses.
- Medicines were stored appropriately but care is needed, as on one occasion during the inspection, the treatment door, where medicine trolleys were held, was left unlocked. There were times when staff did not rotate stock; for example, one person had seven medication sprays all in use, with various start dates, in their bedroom.

Not ensuring people received their medicines as prescribed placed them at risk of harm. This was a breach or regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- We were not assured the provider had good systems and hygiene practices in place. Some areas of the service required more attention with regards to cleaning. Some furniture items required replacing. The cleaning schedules did not include important items such as bedrail protectors, crash mats, wheelchairs and handrails. Some people's toiletries, such as toothbrushes, were not stored appropriately.
- Personal protective equipment (PPE) was stored correctly but when used by staff, items such as gloves and aprons had been pulled from boxes and surplus left on the floor. During the inspection, these were removed and disposed of.
- Despite good supplies of PPE and policies to guide staff, these were not always used appropriately, and procedures were not consistently followed. For example, appropriate PPE was not used when administering specific medicines, and when staff alternated between care and domestic tasks.

Not ensuring good infection prevention and control systems placed people at risk of harm. This was a breach or regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the provider and manager put processes in place to address the shortfalls mentioned above.

Staffing and recruitment

- There were mixed comments from the staff team regarding whether there was enough of them to give people the care and support they needed. The staff numbers ranged between five to six carers plus a senior carer in the busiest morning shift. However, the staff rotas were not always accurate, so this was difficult to audit properly. The comments from staff were discussed with the manager who confirmed they would monitor staff deployment closely and discuss in supervision and staff meetings.
- The provider had a safe system of staff recruitment. Employment checks were completed before staff started work in the service.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to guide staff in how to safeguard people from the risk of abuse and harm. Staff had received safeguarding training, could discuss the types and signs of abuse and knew how to report allegations.
- The manager was aware of referral procedures with the local safeguarding team and had used these appropriately when required.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- There were systems in place to assess risk and keep these under review. People had individual risk assessments for areas such as moving and handling, falls, distressed behaviour, nutrition and skin damage.
- Risk assessments had been completed in response to the COVID-19 pandemic. These included an awareness of health conditions and ethnicity, which could impact on the vulnerability of people and staff.
- Accidents and incidents were monitored and analysed. Recognition of a pattern in unwitnessed falls in the main communal area at peak times, resulted in a change in staff deployment and a reduction in accidents.

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

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

- People had assessments of their needs completed before admission to Loran House. Staff developed care plans from the assessments; these generally contained enough information to guide staff although some plans for people's specific needs could be further developed. The manager was in the process of reviewing and updating care plans and the new ones seen were more comprehensive.
- The assessments for people admitted to the six short-stay beds to aid hospital discharges, were completed by 'trusted assessors' before discharge. These were brief and there have been times when communication with hospital staff or families would have enhanced the assessment process to enable more guidance for staff in the delivery of care.
- Staff had not been effective in identifying people's changing needs. For example, on the first day of the inspection, staff were not attentive and were slow to react to some people's continence care needs. One person was not sat on their individual pressure cushion. There was limited social stimulation in the form of activities during the inspection. There was an improvement noted on the second day of inspection, following feedback to the manager and regional manager. A new programme of activity events was planned for September 2020.

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.

- People had assessments of their capacity completed and best interest decisions made on their behalf when they lacked capacity. The practice of locking some people's bedroom doors required review and wider consultation to consider and establish whether this was the least restrictive option for them. This needed to

be clearly recorded.

- Some people had deprivation of liberty authorisations in place. These were monitored and liaison took place with the local authority regarding review and renewal.
- Staff had completed MCA training and gave examples of how they gained consent before carrying out tasks with people.

We recommend the manager uses the MCA code of practice to guide decision-making and recording of decisions made in people's best interest.

Staff support: induction, training, skills and experience

- Staff received an induction and had access to ongoing training to develop their skills. There had been some gaps in training for specific staff, which had impacted on the admission process for one person. This was discussed with the manager and regional manager; they confirmed specific training would be arranged and staff competence assessed.
- There was a supervision and appraisal system in place. Management of the COVID-19 pandemic had impacted on staff supervision arrangements but staff confirmed they had received at least one session and knew they could speak with the manager if they had any issues to discuss.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People's nutritional needs were met. There were menu choices and alternatives provided. People with dementia would benefit from pictorial menus to help aid visual choices. This was mentioned to the manager to address. Currently the menu is written on a board in the dining area.
- People told us they liked the meals and they had enough to eat. They confirmed they were able to request snacks between meals and at night. People's weight was monitored, and action taken when concerns were raised such as referral to dieticians. There were gaps in the recording of people's food and fluid intake, which was mentioned to the manager to address.
- People had access to a range of healthcare professionals. The manager told us the local frailty team had been supportive for advice, guidance and treatment during the COVID-19 pandemic.
- There had been some concerns raised that staff could have been more proactive in identifying the need for more timely medical intervention; however, staff spoken with were able to provide examples of the signs people had when they were becoming unwell. The regional manager told us they would organise a specific training session for staff regarding this to ensure all staff could recognise signs and knew what action to take.

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

- The environment was appropriate for people's needs. Some areas needed more decoration and signage to assist those people living with dementia. Some bedroom doors had no names on, which resulted in a 'near miss' incident on the first day of inspection. A health professional was shown to the wrong bedroom to perform a nursing task on a person they hadn't met before; fortunately, their checking system averted an incident.

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 the last inspection, this key question was rated as good. At this inspection, this key question has now deteriorated 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.

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

- The provider had a quality assurance system in place, however, this had not been effective in highlighting issues we found during the inspection. These included areas such as medication shortfalls, cleanliness, infection control practices, staff approach and records.
- There were significant shortfalls in records. For example, daily notes did not consistently reflect the care provided to people and there was limited explanation when medication was administered 'when required' for distressed behaviour. An accident form had not been completed when a person had a fall and head injury. Staff handover notes were very brief and staff rotas inaccurate. Some records were illegible and not dated. Food and fluid intake records were incomplete and could not be audited sufficiently.
- The manager and regional manager recognised team building would enhance support networks and communication between management and staff. This had been added to an action plan received following the inspection.

Not ensuring a robust quality monitoring system and accurate, contemporaneous records was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the manager and regional manager put in place a series of quality monitoring measures, which should address the concerns. We will liaise with the manager on the progress of these.
- The manager has applied to be registered with the Care Quality Commission (CQC), which is a condition of the provider's registration. The application has been accepted and is underway.

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

- The provider and manager completed notifications to CQC and the local safeguarding team in a timely way.
- The provider had a complaints procedure; this had been followed when responding to complaints so improvements could be made, and lessons learned.

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

characteristics; Working in partnership with others

- There were meetings for people and staff to express their views about the service. A survey was completed last year to obtain people's views. Due to a concern raised with CQC about communication with relatives during the COVID-19 pandemic, the manager told us they would complete an additional survey and include this issue.
- The manager and senior staff engaged with other professionals who visited the service. There were 'grab sheets' with information about people's main needs to be given to ambulance crews when supporting people to hospital.

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>The registered provider did not have safe systems in place to manage medication. This had resulted in some people not receiving their medicines as prescribed.</p> <p>Regulation 12(2)(g)</p> <p>The registered provider had not ensured their infection prevention and control policy and procedure was followed by staff. Some parts of the service required cleaning and staff practice regarding infection prevention and control required improving.</p> <p>Regulation 12(2)(h)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider did not have effective quality monitoring systems in place in order to identify shortfalls and corrective action.</p> <p>Regulation 17(1)(2)(a)</p> <p>The registered provider failed to ensure accurate, legible and contemporaneous records were consistently in place.</p> <p>Regulation 17(2)(c)(d)</p>

