

Prime Life Limited

# Loran House

## Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Good</b> ●
Is the service caring?	<b>Good</b> ●
Is the service responsive?	<b>Good</b> ●
Is the service well-led?	<b>Good</b> ●

# Summary of findings

## Overall summary

### About the service

Loran House is a residential care home providing personal care to 42 people at the time of our inspection. Most people were older and may have had a physical disability or were living with dementia. The service can support up to 46 people. The care home accommodates people in one purpose built building with wide corridors over three floors accessed by stairs and a lift.

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

Some people had missed medicines and advice had not been sought. This was addressed following the inspection. Systems were in place to maintain people's safety and protect them from abuse. Risks were identified, appropriate control measures were implemented, and the safety and cleanliness of the environment was maintained. Systems were in place to recruit staff safely.

People were supported with good nutrition and could access appropriate healthcare services. Staff were equipped with relevant skills.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported by staff who were kind and caring and were aware of how to promote people's privacy and dignity.

Staff were responsive to people's needs and provided support in line with their preferences. People had care plans in place which provided information to staff about their needs. Staff supported people to engage in their social and leisure interests. People were able to raise any concerns and felt these would be addressed.

People and staff felt listened to and their feedback was sought. They told us the registered manager was accessible and approachable. There was a positive culture; staff and the registered manager shared the values of providing high quality care. Systems were in place to drive improvement within the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Why we inspected

This was the services first inspection since the provider changed to Prime Life Limited.

### 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 well-led.  
Details are in our well-led findings below.

Good 

# Loran House

## 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.

#### Inspection team

This inspection was completed by one inspector and one assistant inspector.

#### Service and service type

Loran House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 had a manager registered with CQC. This 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 inspection

We reviewed information we had received about the service. We sought feedback from the local authority safeguarding and contract teams. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service and one relative. We spoke with eight members of staff including the registered manager, senior care worker, care workers and the chef. 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 three people's care records and four medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management and safety of the service, training data and quality assurance systems.

After the inspection

The registered manager sent us information regarding staff training and supervision, as well as some safety certificates which could not be accessed on the day of the inspection. We continued to seek clarification from the registered manager to validate evidence found.

# 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.

### Using medicines safely

- Medical advice had not been sought for some missed medicines. This included when people had been asleep or refused to take their prescribed medicine. We highlighted this to the register manager who liaised with the GP to ensure people's medicines were prescribed correctly and given at the correct time.
- There were also some missing signatures on some people's medication administration records. The registered manager took appropriate action to address these minor recording issues with staff.
- People received their medicines from trained staff in a personalised manner.

### Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff were aware of how to recognise abuse and protect people from harm. They felt confident raising any concerns with managers and were aware of the whistle-blowing policy. A member of staff said, "We know people well, so we pick up on changes."
- People told us they felt safe and there were enough staff to support them. A person said, "I feel safe. There are people around; you can go to any of them it's not a problem."
- Staff understood how to identify and manage risks to people's health, safety and welfare.
- Care plans contained explanations of the control measures for staff to follow to help to keep people safe.
- Accidents and incidents were recorded appropriately. The registered manager had oversight of these, so any patterns and trends could be identified to reduce the likelihood or impact of these reoccurring.
- The environment and equipment had been assessed for safety.

### Staffing and recruitment

- The provider operated a safe recruitment process.
- People received care in a timely way. The registered manager monitored the amount of staff needed based on people's needs.
- Staff told us they felt they had more time to spend with people using the service since the new provider took over.

### Preventing and controlling infection

- Systems were in place to protect people from the spread of infection.
- Paper towels had run out in bathrooms, but these were quickly replaced. A few ants were seen in one shower room. The registered manager took steps to address this straight away.
- Personal protective equipment was used by staff.

# 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.

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

- People were supported to meet their nutritional needs. Support was provided with eating and drinking were needed.
- The food was hot and appetising. People were offered choices and additional servings.
- People's feedback was sought to develop menus. Some people told us they didn't always enjoy the food. The registered manager was aware of this and had been taking steps to make improvements to meet everyone's individual preferences.

Staff support: induction, training, skills and experience

- Staff were equipped with the skills to carry out their roles effectively. They undertook an ongoing programme of training.
- Staff had an induction when they commenced in their role, however there was not always a record of this. The registered manager confirmed this would be implemented.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's needs were assessed before they received a service to ensure these could be met. Regular reviews were held to ensure people's support remained current.
- Where people required support from healthcare professionals this was arranged, and staff followed guidance provided. Information was shared with other agencies if people needed to access other services such as hospitals.

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

- Some areas of the building had recently undergone repair and redecoration including flooring being replaced. Other areas continued to require redecoration including the painting of corridors. The registered manager had an ongoing plan in place to continue with redecoration and maintenance to improve the building.
- The registered manager had improved the environment by creating a hairdresser's, small lounge and tea room within the existing space for people and relatives to use.

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.

- Applications for DoLS had been made where required.
- Staff had awareness of the MCA and decisions were made in people's best interest where required.
- Staff were aware of the importance of gaining people's consent before providing care and support and involving people in decision making; people confirmed staff did this.

# 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.

Respecting and promoting people's privacy, dignity and independence

- Staff could tell us ways they supported people's independence. One member of staff said, "It depends on the individual. We know their needs and routines and preferences; it comes from knowing the residents. Some people can wash themselves and others can't. We explain what we are doing and encourage them."
- A person told us, "Staff are good at making me independent, you don't realise they are doing it."
- People's privacy and dignity was respected.
- Systems were in place to maintain confidentiality and staff understood the importance of this.

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

- There was a relaxed atmosphere between people and the staff who supported them. People appeared comfortable in their surroundings.
- Staff were warm, friendly and caring towards people. A person said, "The carers are lovely and helpful."
- Staff were aware of equality and diversity and respected people's individual needs and circumstances.

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

- People felt supported and listened to by staff.
- Staff followed people's preferences, encouraged them to make choices and promoted their wishes.
- People were involved in discussions regarding how they wished their care and support to be delivered.
- Staff were aware of people's communication needs and supported them to communicate effectively so they could express their views.
- People were supported to access advocacy services if required.

# 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

- People's care plans contained information about their abilities, health needs, likes and dislikes. Staff could tell us details about people's needs, the support they required and the person's preferred routines. This enabled staff to provide person-centred care and support people in line with their preferences.
- People's care records contained information about risks to people which guided staff on how to meet their needs. One care plan was missing information about how staff should respond if the person had a seizure. Staff could tell us how they would respond, and the registered manager confirmed this would be recorded.
- Care plans were kept up to date to reflect people's current needs.

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.

- The registered manager was aware of this standard and provided information to people in a format that met their needs.

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

- Staff supported people to engage in social and leisure activities and follow their interests. Additional activities were also provided such as guest singers.
- People told us there was a range of activities to suit their preferences. One person said, "They encourage us. They tell us what is going on. We have trips to Bridlington and Hornsea."

Improving care quality in response to complaints or concerns

- People told us they felt able to raise any concerns or complaints they had. Complaints had been responded to appropriately. Systems were in place to monitor these.

End of life care and support

- Nobody was being supported with end of life care at the time of our inspection. However, people were offered the opportunity to discuss and record their preferences and choices in relation to end of life care for the future.
- Staff were aware of how to liaise with other professionals to ensure appropriate support was in place for

people at the end of their lives.

# 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 Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive team morale and culture. A member of staff said, "I like to know I can come here and do my best for the residents."
- Staff felt there had been improvement in the service since it was bought by the new provider. A member of staff told us, "It has been an amazing change." And "There is better quality of care as standards have gone up, we have improved to." Another told us, "It's all about the client. Prime Life have shown us a different way of working; it's how it should be."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff felt supported and listened to. A member of staff said, "If we wanted to say something we just say it. The registered manager encourages ideas."
- People and staff felt the registered manager was approachable, accessible and supportive.
- People's feedback was sought and used to drive improvement within the service.
- Links were being developed with other services, professionals and the wider community.

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

- Quality assurance systems were in place to monitor the quality and safety of care provided. The registered manager was developing these systems including the introduction of a care plan audit.
- The registered manager was aware of their regulatory requirements. For example, they knew to notify CQC and other agencies when incidents occurred which affected people's welfare.

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

- There was a positive culture which was open and transparent. The registered manager and staff valued the importance of providing quality care.
- Staff were open to learning. A member of staff said, "I think wherever you work there is room for improvement. We take criticism as something to learn from."
- The registered manager was keen to drive improvement within the service and had been making changes which impacted positively on people. For example, they had developed the environment.

- The provider and registered manager understood their duty of candour responsibilities.