

# Sandco 1 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 caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



### Overall summary

We undertook this unannounced inspection on 25 and 26 June 2015. The last full inspection took place on 18 August 2014 the registered provider was compliant with all the regulations we assessed.

Loran House is registered to provide care and accommodation for up to 80 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.

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.

A staffing dependency tool was used to calculate the required number of staff on each shift. However, we found that people's needs had not been reviewed for a sustained period of time which meant the information used to calculate staffing levels was not accurate or up to

# Summary of findings

date. During the inspection people and their relatives told us they had to wait for long periods to receive care and support which we witnessed. This meant the registered provider was not complying with regulation 18 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. You can see what action we asked the registered provider to take at the end of this report.

A quality assurance system was in place that consisted of audits, checks and service user feedback. The system was not effective; we found that concerns relating to staff supervision and appraisal and staffing levels had not been identified by the registered provider. This meant the registered provider was not complying with regulation 17 and 18 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. You can see what action we asked the registered provider to take at the end of this report.

People had their health and social care needs assessed and personalised support plans were developed to guide staff in how to care for people who used the service using the least restrictive options. People received their medicines as prescribed and had access to a range of professionals for advice, treatment and support.

We found there were safeguarding systems in place, which consisted of staff training and policies and procedures to guide staff if they had concerns. This helped to safeguard the people who used the service from the risk of harm and abuse.

People's nutritional needs were met. Staff monitored people's food and fluid intake and took action when there were any concerns. Referrals to healthcare professionals were made in a timely way when people's needs changed or developed.

Staff treated people with kindness and compassion during their interactions. It was evident that staff were aware of people's life histories and knew their preferences for how care and support was to be provided. Staff understood the need to respect people's privacy and maintain their dignity.

Checks of the environment and equipment took place regularly. We saw evidence to confirm, water temperature checks and legionella tests were completed weekly.

Staff understood the need to gain consent from people before care or support was provided. When people were unable to give consent, the staff followed the best interest principles of the Mental Capacity Act 2005. Best interest meetings were held and best interest decisions were made appropriately.

Staff had completed a range of training pertinent to their roles and had also undertaken specific training to meet people's assessed needs. People received their medicines as prescribed from staff that had undertaken training to ensure they could administer medicines safely.

Where possible people who used the service or their appointed person were involved with their initial assessment and on-going care planning. The registered provider acted on feedback from people and their relatives.

A complaints policy was in place and we saw evidence to confirm when concerns were raised they were investigated and action was taken to improve the service when possible.

# Summary of findings

## 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. Staffing levels were not calculated taking into account the current needs of the people who used the service.

People were protected from abuse and avoidable harm by staff who had received training in this area. Staff were recruited safely which help to ensure they were suitable to work with vulnerable people.

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

**Requires Improvement**



### Is the service effective?

The service was not always effective. Staff had not received consistent levels of support and annual appraisals had not taken place.

People or their appointed representative provided consent before care, treatment and support was provided.

People received a healthy and balanced diet. When nutritional concerns were highlighted, healthcare professionals such as dieticians were contacted for their support.

**Requires Improvement**



### Is the service caring?

The service was caring. People needs were met by kind and attentive staff who knew their needs and preferences regarding their care and support.

Staff respected people's privacy and supported them to ensure their dignity and independence was maintained.

**Good**



### Is the service responsive?

The service was responsive. People had their needs assessed; the service developed personalised care plans which staff followed in order to provide the care and support people required.

There was a complaints policy and procedure in place which provided guidance to people who wanted to complain or raise a concern. A visiting relative told us they knew how to complain but had not needed to do so.

**Good**



### Is the service well-led?

The service was not always well led. Quality assurance systems needed development to ensure they were robust and covered all aspects of service delivery.

At the time of the inspection there was a registered manager in post who understood their responsibilities to report notifiable incidents as required.

**Requires Improvement**



# Summary of findings

Staff we spoke with told us the registered manager and registered provider were accessible, approachable and supportive.	
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# 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 25 and 26 June 2015 and was unannounced. The inspection was completed by an adult social care inspector. Before our inspection we reviewed the information we held about the service and spoke with the local authority commissioning team and the local authority safeguarding team. On the first day of the inspection the inspector was supported by the head and deputy head of the local authority safeguarding team. Two on-going safeguarding concerns were being investigated by the local authority safeguarding team at the time of our inspection.

We used the Short Observational Framework for Inspection [SOFI] on three occasions during our inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with nine people who used the service and two visiting relatives during the inspection. We observed how staff interacted with people who used the service and monitored how staff supported people throughout the day including during meal times. We spoke with two community nurses, the registered provider, the registered manager and 11 members of staff.

We looked at seven care files which belonged to people who used the service. We also looked at other important documentation relating to people who used the service such as accident and incident records and six medication administration records [MARs]. We looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty code of practice to ensure when people were deprived of their liberty or assessed as lacking capacity to make their own decisions, actions were taken in line with current legislation.

We looked at a selection of documentation relating to the management and running of the service. These included four staff recruitment files, the staff training matrix, staff supervision and appraisal records, staff rotas, minutes of meetings with staff and people who used the service, safeguarding records, quality assurance audits, policies and procedures and records relating to the maintenance of equipment.

# Is the service safe?

## Our findings

People who used the service told us that they had to wait for long periods to receive the support they required from staff. One person said, “The staff are lovely, you couldn’t ask for better but there are not many of them so I always have to wait when I need their help.” A second person said, “I rang my bell [call bell] and I had to wait for absolutely ages before anyone came to help me.” Another person told us, “I’ll be sat here [in the main lounge] watching them [the staff] helping other people so I know there is no point asking them so I just try wait until they are free.” A visiting relative commented, “You can see for yourself there are no staff around, it is a big place but I never see many staff, I see them when they let me in but that’s about it.”

People told us they felt safe living in the service, that they received their medication on time and were offered pain relief when required. Comments included, “It’s very safe here, the door is locked so people can’t just walk in off the street”, “Yes I’m safe”, “They [the staff] give me my tablets every day and always check that I’m not in any pain” and “They look after my medication, my pills, my creams, all my ointments everything.”

People’s needs were not met by appropriate numbers of staff. The registered provider informed us that staffing levels were calculated using a dependency tool. The tool was used to record the assessed need of each person who used the service and dictated the number of staffing hours required on a daily basis. However, we saw that people’s level of dependency had not been reviewed for several months. During the inspection we observed the level of care and support required by a number of people who used the service and noted they required a higher level of support than what was recorded on the dependency tool. The size of the building was not taken into account when staffing levels calculated.

A member of staff we spoke with told us, “There isn’t enough staff on any on the shifts, it’s always an issue. This building is massive so when I’m in the lounge and someone wants help on the first floor I have to run from one side of the building to the other and they have to wait, I’m no spring chicken so it takes a while.” Another member of staff told us, “I have to prioritise all the time, that person has fallen, that person wants the toilet, obviously you help the

one on the floor, they may be injured. If one person wants the loo and another a drink, you take the one who needs the toilet. We all have to prioritise but we need more staff so we can provide a better level of care.”

During the inspection we spent time observing how care and support was provided; we noted people sat for long periods without receiving any form of interaction. We saw some people required two staff to support the to transfer from a chair to a wheel chair, when staff were attending to the person’s needs other people had to wait for extended periods to receive support. This meant the registered provider was not complying with regulation 18 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. You can see what action we asked the registered provider to take at the end of this report.

Staff we spoke with could independently describe the different types of abuse that may occur and were aware of their responsibilities to report any concerns without delay. We saw evidence to confirm staff had completed training in relation to the safeguarding of vulnerable adults. Personal Emergency Evacuation Plans [PEEPs] and business continuity plans were in place to ensure staff were aware of what action to take during and after an emergency situation.

We saw evidence to confirm risks to people’s health and safety were identified, assessed and reviewed on an on-going basis. Risk assessments had been developed for people’s specific needs including falls, moving and transferring, self-medicating and pressure care.

When accidents and incidents occurred they were recorded and investigated appropriately. The registered manager told us, “I review all of the accidents every month to see if there any patterns.” Specialist equipment had been requested and regular checks by staff had been implemented to reduce the possibility of the re-occurrence. We saw that the falls team, district nurses, dieticians and Speech and Language Therapists [SaLT] had been contacted for their advice and guidance when accidents and incidents had taken place.

Staff were recruited safely; relevant checks had been completed to ensure they were suitable to work with vulnerable people. We checked four staff files and saw before applicants were offered a role within the service an application form was completed, an interview was conducted, suitable references were obtained and a

## Is the service safe?

Disclosure and Barring Service [DBS] check applied for. A member of staff we spoke with confirmed, “I have had all the checks done before I started, I actually had to wait a week or so for my DBS check to come back before I could start working.”

Medication was ordered, stored, administered or disposed of safely. Staff from the supplying pharmacy visited during our inspection to complete a scheduled audit of the service’s medication practices, they recorded no specific concerns. People who used the service were offered the

opportunity to self-medicate but at the time of our inspection this was not taking place. A member of staff we spoke with told us, “We have had people do it [self-medicate] in the past but not recently.”

We checked nine Medication Administration Records [MARs] and saw they were completed accurately without omissions. We found one recording error in the Controlled Drug [CD] book; which we reported to the registered manager who gave their assurance this matter would be investigated.

# Is the service effective?

## Our findings

People who used the service told us they thought staff were well trained and that they had the knowledge and skills to carry out their roles effectively. One person said, “I think they [the staff] are very good, they know what I need help with, I’m well looked after.” A second person told us, “The staff are wonderful they always help me if I need them or want help with anything.” People also told us, “I enjoy the food, we get a choice and there is always plenty”, “I have a main meal and a pudding most days.” A visiting relative commented, “The food smells lovely. Mum enjoys it and has put weight on since she moved; which is a relief.”

A staff supervision timetable had been developed and was displayed in the main office. However, the registered manager told us, “We don’t have a supervision matrix so sometimes people’s [supervision] do get missed.” A member of staff we spoke with explained, “I have just had a supervision, it was good” but went on to say, “It was the first one I’ve had in a year or so, we don’t get them very often.” Another member of staff told us, “We don’t have regular one to one meetings or supervisions.” The registered provider informed us, “We are behind with the annual appraisals so people have not had one in over a year.” Failing to provide staff with regular supervision and support could lead to opportunities to develop their skills and knowledge being missed. This meant the registered provider was not complying with regulation 18 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. You can see what action we asked the registered provider to take at the end of this report.

Staff had completed a range of training to ensure they were competent to carry out their role. The registered provider told us, “There are certain things that are mandatory like safeguarding, infection control, fire safety, moving and transferring, managing behaviours that may challenge the service and a few others.” The registered manager explained, “We also do client specific training; end of life care, pressure care and tissue viability, all that was organised through the district nurse.” We saw evidence to confirm that staff training was up to date.

Staff understood how to gain consent from the people they supported. One member of staff told us, “I always ask if they [the people who used the service] want my help before I do anything. Another member of staff said, “If people don’t want your help, they don’t want it, I respect

people’s wishes” and went on to say, “I try to let people be independent but sometimes I want to help but I stand back and watch, if they don’t need me then that’s great.” We saw that people or their appointed representative had signed their individual plan of care to confirm they had read it, agreed with its content and consented to the care being provided.

The Care Quality Commission is required by law to monitor the operation of Deprivation of Liberty Safeguards [DoLS]. These safeguards are designed to protect the interests of vulnerable people and ensure they can be given the care and support they need in the least restrictive way possible. The registered provider and registered manager were aware of the new changes in the law; DoLS applications had been granted by the managing authority. The registered provider told us, “We have been supported by one local authority to complete the DoLS applications, their staff came here which made things really easy. We have sent applications to the other local authority and are waiting to hear back from them.” The registered manager said, “Best interest decisions were made to get the DoLS in place.”

A range of healthcare professionals were involved in the care and treatment of people who used the service. We saw evidence that GPs, district nurses, dieticians, the falls team, emergency care practitioners and dementia mappers had contributed to the care planning of people who used the service. Referrals were made quickly when people’s health deteriorated or when changes in their needs occurred. During the inspection we spoke with a community mental health nurse, they told us, “We are working closely with the service for two people who are living here; we have a good relationship with the staff team.”

People’s nutritional and fluid intake was recorded if an issue had been highlighted and we saw evidence that referrals to dieticians and the speech and language therapists were made when required. Throughout the inspection we observed staff offering regular drinks for people in appropriate cups or beakers according to their need and providing support where this was necessary. Some people who used the service had been prescribed high calorie drinks to support their nutritional intake.

We saw that people were offered a choice of meal and a daily menu was displayed outside of the kitchen. People



## Is the service effective?

were supported to eat their meal at their own pace and specialist equipment, such as plate guards were provided to people which enabled them to maximise their independence and eat without support.

# Is the service caring?

## Our findings

People who used the service were complimentary about the staff who supported them; they told us staff were, “Very kind and caring”, “Such a lovely bunch of people, always happy to help” and “The staff are lovely.” A relative we spoke with said, “I don’t question how caring the staff are; they are great with [name] they know all her needs and respect her privacy which has always been important to her.” A mental health nurse told us, “The staff are knowledgeable about everyone they care for; they appear to provide a good level of care.”

We spent time observing staff interacting with people who used the service. People were treated with respect and kindness; care was offered discreetly and provided at suitable pace so people were not rushed. During the first day of our inspection one person was moved and transferred by two members of staff from a lounge chair to a wheelchair in preparation for their lunch. The person was nervous about the required movement, but staff were supportive offering encouragement and praise as the person transferred. The person was assisted in a caring way by staff who knew how to provide care in the best way for the individual.

A person who used the service who was living with dementia had a tendency to tap and seek re-assurance from the people around her; we observed staff meeting the person’s needs compassionately and their interactions visibly calmed the person. A member of staff we spoke with told us, “[Name] worries a lot so we just have to let her know she is ok. We do have to offer her a lot of support but that’s what I’m here for.”

Staff were knowledgeable about people’s life histories and preferences for how care and treatment was to be

provided. This information was recorded in people’s care plans along with any routines that people preferred or were known to reduce their anxieties. People’s choices were respected, for example we saw staff supporting people to certain seating areas or quiet lounges.

We asked staff how they would maintain people’s dignity and show them respect. One member of staff told us, “I treat everyone here how I would want my family to be treated, I think if you do anything less you shouldn’t work in care.” Another member of staff told us, “I do all the things we are taught like covering people up and closing doors when I provide care” and “I ask people questions about their care and I respect their wishes.”

We saw that advocacy services were utilised when required. The registered manager told us, “If people can’t make certain decisions, we try and involve their family; if we can’t do that we use the advocacy service. We last used an advocate about a month or so ago.” This helped to provide assurance people received the support they required when they could no longer make specific informed decisions themselves.

People’s personal and religious beliefs were respected and planned for. We saw evidence to confirm that plans had been developed to ensure people’s wishes for their on-going and end of life care were in place and reviewed periodically.

The registered manager told us that there were no restrictions on when relatives could visit the service, they said, “They can come and go as they please, we do ask people to call if they are coming late at night but we don’t stop them visiting.” A relative confirmed, “I only visit in the day because [name] likes to get to bed early but I’ve never had a problem when I visit.”

# Is the service responsive?

## Our findings

People who used the service told us they knew how to make a complaint and would be confident to raise any concerns they had without fear of reproach. One person told us, “I have no reason to complain, I am often left to my own devices but I like it that way; if I needed to complain I would speak directly to [name of the registered manager].” Another person said, “I would tell the staff if I was unhappy about anything.” A third person told us, “I have said when I have wanted things changing, it was sorted and there was no fuss.” A visiting relative told us, “I believe they [the service] display the complaints procedure in the entrance, I have never had a need to use it.”

Before people were offered a place within the service, a pre-admission assessment of their health and social care needs was completed. We saw evidence to confirm people were involved with their assessment whenever possible. During the inspection the registered manager told us, “I have just done an assessment and we won’t be able to take them, we just can’t meet their needs.” This helped to provide assurance that people were only offered a place if their individual care needs could be met.

People or their appointed person were involved in the initial and on-going planning of their care when possible. A review meeting took place during the inspection, it was attended by the registered manager, relevant healthcare professionals and the person’s relative. The relative told us, “I am as involved with Mums care as I can be. I am updated when anything happens which I really like.” We saw evidence to confirm that people’s care needs were reviewed on a regular basis to ensure any changes were identified and planned for.

Care plans contained a one page profile that included information about people’s life history. Where people grew up, their family life, work life and hobbies and interest were recorded which enabled staff to gain an understanding of the people they supported. A day in the life document had been developed that recorded people’s preferences for when and how care and support was provided.

Loran House is a purpose built home that was designed to enable people who used the service to remain independent. The home has wide corridors and large door frames for ease of access to wheel chair users, wet rooms, hand rails, a passenger lift and a ramp entrance. Specialised equipment had been provided when required including plastic beakers, plate guards and wide handled cutlery. Some bedrooms had the person’s pictures so that people could easily identify their own room; we spoke with the registered manager about extending this good practice and the confirmed they would ensure each person had a picture or memory box created so their room was identifiable. Memory boxes hold small objects or pictures that allow people to recognise their room and are seen as good practice to support people living with dementia.

People who used the service were encouraged to remain in contact with people who were important in the lives. The registered manager told us, “I send emails to people’s families and pass messages on to help people stay in contact, we got lots of visitors but if people live a long way away the emails help them keep in touch.”

The registered provider had a complaints policy in place that contained information in relation to acknowledgment and response times, meetings and what action the complainant could take if they felt the response they received was unsatisfactory. The registered provider told us, “We display the complaints policy and it’s provided to people and families in the welcome pack.”

We saw evidence to confirm that two complaints had been received by the registered provider, an investigation had been completed and an action had been taken to improve the level of service. Specialist advice and guidance had been sought after the complaint to ensure any future re-occurrence was minimised. A member of staff told us, “Part of my job is to fix complaints, well grumbles anyway. People are always too hot or cold; they might want the music turning up or to be taken to a quiet lounge, my job is to make sure they are happy and get what they want.”

# Is the service well-led?

## Our findings

Staff we spoke with told us they were supported by the registered manager who was approachable and was a visible presence within the service. Comments included, “The manager is really supportive, whenever I want to talk to her she makes herself available”, “I can speak to the manager whenever I need to”, “The manager and the owner are always here, I see them practically every day.”

A visiting relative told us, “Yes I know the manager she is always here, she asks me how I am and tells me if there is anything I want to talk about I know where she is.”

An audit schedule was in place at the service; however it required development to ensure it was robust and covered all aspects of the service delivered by the registered provider. Audits of staff supervision and appraisal had not taken place which led to staffs annual appraisals not been completed, failing to support staff could lead to opportunities for their development being missed.

The registered provider told us they utilised a staffing tool which compiled the assessed dependency needs of each person who used the service and dictated the number of care staff required to meet their needs. We saw that people’s dependency needs had not been updated for over four months; an effective system was therefore not in place to ensure people’s dependency needs were reviewed regularly and used to ensure suitable numbers of staff were deployed. This meant the registered provider was not complying with regulation 17 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. You can see what action we asked the registered provider to take at the end of this report.

We saw evidence to confirm audits and assessments of the environment, policies and procedures, staff training, care planning, medication and dignity, choice and independence were carried out periodically. Action was taken to improve the level of service delivery when

shortfalls were identified. Fire alarm tests were conducted monthly which included emergency lighting and fire safety equipment. Water temperature and legionella checks were taken on a weekly basis.

The registered provider had a whistle blower policy in place that staff told us they were aware of. One member of staff told us, if I am not happy about something, then I would have no problem telling the managers.” The registered provider told us, “We encourage staff to question bad practice and when we have been informed of things, we have taken action.”

There was transparency and honesty from the management team; the registered provider told, “We don’t always get things right and when mistakes are made we hold our hands up and try and learn from it.” We saw evidence that team meetings were used to discuss best practice and incidents that occurred within the service to promote a culture of learning within the service. We saw the laundry, future activities and changes to the daily menu were also discussed at these meetings.

We saw evidence the registered manager was supported by the registered provider through senior managers meetings. The registered manager explained, “Since you inspected last year I have had so much more support; [names of registered provider] are always here, we discuss everything that is happening and work together.”

The registered manager was aware of their responsibilities to report accidents, incidents and other notifiable events that occurred within the home. The Care Quality Commission and the local authority safeguarding team had received notifications as required. We were told by the registered manager they were aware of the local safeguarding procedure for reporting incidents and, “The safeguarding team are currently investigating two incidents and we are working with them; I will get them whatever information they need.” This provided assurance that the service worked with other agencies when concerns were raised.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

**How the regulation was not being met:** The registered provider had failed to ensure an effective system was in place to monitor the level of service provided. Regulation 17 (1).

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

**How the regulation was not being met:** People who used the services were not supported by appropriate numbers of staff. Regulation 18 (1).

**How the regulation was not being met:** Staff did not receive appropriate supervision and appraisal. Regulation 18 (2).