

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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Loran House is a residential care home providing personal care to up to 46 people in 1 adapted building. The service provides support to younger and older people, some of whom are living with dementia. At the time of our inspection there were 35 people using the service.

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

Information about risks and safety was not always comprehensive or up to date. Full information about risks to people's safety was not always communicated to the staff.

Medicine practices were not always in line with best practice guidelines.

A system was in place to monitor the quality and safety of the service, however, this was not always effective in identifying and addressing issues.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always this practice.

People were supported by staff who had been recruited safely. Staff received training in safeguarding and understood their role and responsibilities to protect people from abuse. The service had enough staff to keep people safe. We observed staff respecting people's privacy and dignity when providing care and support.

We found the registered manager to be open and responsive to feedback. Visiting healthcare professionals told us that the management team and staff worked well with them.

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

Rating at last inspection

The last rating for this service was good (published 21 May 2021).

Why we inspected

The inspection was prompted in part due to concerns received about governance, medicine management, staffing and risk management. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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 COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements.

Please see the safe and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement and Recommendations

We have identified breaches in relation to medicine management, risk management and good governance at this inspection. We have also made a recommendation in relation to mental capacity records.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe 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

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was completed by 3 inspectors.

Service and service type

Loran House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Loran House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with 6 people who used the service and 1 relative about their experience of the care provided. We spoke with 8 members of staff including the registered manager, senior carer, administrator, domestic staff, cook and care staff.

We reviewed a range of records. This included 8 people's care records and 12 medication administration records. We reviewed 4 staff files in relation to their recruitment. A variety of other records relating to the management of the service, including audits and policies and procedures, were also reviewed.

We inspected the environment and spent time observing interactions between people and staff, and infection prevention and control practices.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to 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

- Medicines were not always managed safely. Temperature records to ensure the safe storage of medicines were not always completed in accordance with national guidance. This meant we could not be assured that medicines requiring refrigeration were safe for use.
- Stock levels were not always accurate. This meant we could not be assured that medicines had been given as signed for by staff on the medicine's administration record.
- Stocks of medicines were not always available. One person had not received any doses of 4 of their prescribed medicines.
- Medication audits had not been used effectively to identify and address these concerns.
- Instructions for medicines which should be given at specific times were not available.
- There were arrangements in place for the management of controlled drugs. However, staff did not carry out regular balance checks in accordance with national guidance.
- Some medicine records were not updated or in place for additional safety considerations. For example, individual risk assessments for paraffin-based products and specific instructions.

We found no evidence people had been harmed, however, people were at increased risk as the provider had failed to ensure the proper and safe management of medicines. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Not all risks for people were identified and recorded in relation to their care and support needs to ensure their safety and wellbeing. For example, where people were assessed as being high risk of falls, their care plans did not reflect this. There was no clear guidance for staff to follow on how to keep people safe and reduce the risk of reoccurrence.
- A person's care plan identified them as requiring support to change their position in bed to reduce the risk of pressure areas developing. We found gaps in re-positioning records completed by staff. This presented a risk that the person had not received the support they needed in terms of frequency of re-positioning to reduce known pressure risks.
- Fire safety was not always managed safely. There was no evidence to support staff completing time simulated evacuations. The provider gave assurances this would be addressed immediately.
- There was minimal evidence to support learning lessons from accidents, incidents or falls which had occurred at the service.

We found no evidence people had been harmed, however, people were at increased risk as the provider had failed to effectively assess and manage risks to people. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- Clear and complete records were not always available to show how people's capacity was assessed.

We recommend the provider reviews their systems and processes to ensure up to date records are available in line with the Mental Capacity Act.

- Appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- There were enough staff on duty each shift to safely support people. Staff rotas confirmed this and during our inspection we saw staff responding to people's needs and requests.
- The provider had processes in place to ensure new staff were safely recruited.
- People, relatives and staff told us there were enough staff to meet people's needs. One person said, "Staff are always available" and "The staff are marvellous."
- Staff recruitment and induction training processes promoted safety, including those for agency staff where required.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the service. Comments included "I feel safe, staff come and check you to make sure you're alright."
- The registered manager worked with the local safeguarding team to address concerns when they were raised.
- Staff had received training in how to keep people safe from abuse. Staff were clear on their responsibility to raise concerns

Preventing and controlling infection

- We were somewhat assured the provider was promoting safety through the layout and hygiene practices of the premises. Some areas of the home required refurbishment to enable more effective cleaning and cleaning schedules were not always consistently completed.
- We were somewhat assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.

- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

Visiting in care homes

People were supported to receive visits from friends and family in line with guidance in place at the time. We saw people enjoying visits from friends and family throughout the inspection and people and staff all commented on how this had positively impacted on people.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems and processes were not always effective in monitoring the quality at the service.
- Audits and monitoring arrangements were in place for a range of areas including, care plans, medicines and infection control. However, these were not always effective in monitoring the quality and safety of the service. For example, medicine audits did not always identify the concerns we identified during inspection.
- Actions taken were not always sufficient to mitigate the risk of reoccurrence and could not be evaluated to improve practice. Where some actions had been identified, there was nowhere to record if these actions had been completed and who was accountable for them.
- Records regarding people's care needs were not always detailed. For example, we identified gaps in some records including pressure relief records.
- Themes and trends were not identified through systems currently in place. For example, minimal lessons learnt were identified and shared with the staff team.

Systems designed to monitor the safety and quality of the service and take action to mitigate risk, were not robust. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Systems were in place to capture people's views and feedback. However, these had not been completed recently and people's involvement or those of their relative/legal representative was not always recorded.
- People were able to attend residents' meetings where they discussed activities, achievements, goals, as well as the menu's. One person told us, "We went on a bus to Lincoln Museum and went to the pub for dinner, which we wanted to do".
- Staff had team meetings and one to one supervision.
- Staff felt supported in their roles and spoke positively about the registered manager. One member of staff told us, "[Registered Manager] is brilliant, [Registered Manager] is a good boss and do their job properly."

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

- Loran House was welcoming, and the atmosphere was warm and supportive. A professional told us, "The registered manager is good, we have a good relationship with the home".

- Management were visible, approachable and took a genuine interest in what people, staff, family and other professionals had to say. Staff felt able to raise concerns with managers without fear of what might happen as a result.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of their responsibility to be transparent and honest in accordance with the duty of candour. The registered manager understood their regulatory responsibility to submit appropriate notifications to CQC when necessary.
- We found the registered manager to be open and honest throughout the inspection. They were responsive to feedback, and keen to make the required improvements.

Working in partnership with others

- The registered manager worked closely with several community health and social care professionals to ensure people maintained their health and wellbeing.
- People benefitted from partnership working with other local health professionals. For example, GPs, community nurses and a range of therapists.
- The registered manager encouraged staff to take on more responsibility through introducing lead roles to champion infection control.

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 provider had failed to ensure the proper and safe management of medicines. 12(2) (f)(g)</p> <p>The providers had failed to do all that is reasonably practicable to mitigate risks to people. 12(2) (a)(b)(g)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems designed to monitor the safety and quality of the service and take action to mitigate risk, were not robust. 17 (1) (2) (a)(b)(c)(f)</p>