

Prime Life Limited

Loran House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Loran House is a residential care home providing personal care to 31 people at the time of the inspection. The service can support up to 46 people. The care home accommodates people across three floors.

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

Since the last inspection, improvements had been made in the management of medicines, cleanliness in the service, records and general management.

People received their medicines as prescribed. Staff knew how to keep people safe from the risk of harm and abuse. Environmental and individual risk was assessed so measures could be put in place to minimise incidents. Staff were recruited safely and there were enough staff on duty to support people. More frequent checks were undertaken to ensure cleaning schedules were completed. There were good systems in place to help staff prepare for and manage Covid-19 outbreaks.

Staff had access to induction, training, supervision and support. People and their relatives were complimentary about the staff team. People liked the meals and choices available and said staff supported them to access health professionals when required. 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 supported this practice.

The overall management of the service including communication with staff and relatives had improved. Staff felt supported, could raise issues and told us they worked well together as a team. The culture of the service was open and inclusive; people were asked their views and felt these mattered.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 22 October 2020) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced focussed inspection of this service on 8 and 9 September 2020 due to concerns raised with us. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions Safe, Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this

occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings 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 COVID-19 and other infection outbreaks effectively.

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.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of two inspectors. Two additional inspectors contacted relatives to obtain their views about the service.

Service and service type

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 new manager's application to register had been submitted and they were awaiting a fit person interview. Being registered as a manager with CQC 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. As the manager is not registered, they will be referred to as 'the manager' throughout this report.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority quality monitoring and safeguarding teams. 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 three people who used the service about their experience of the care provided. We spoke with six members of staff including the manager, care workers and the cook.

We reviewed a range of records. This included six people's care records, specific documents for an additional three people and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. We also looked at a variety of documentation relating to the management of the service, including policies and procedures, and quality monitoring records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and risk assessments. We spoke with four relatives about their experience of the care provided to people. We also spoke with an additional four staff including two seniors and two care workers.

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 now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection, the provider had failed to ensure a safe system to manage medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of regulation 12.

- There were systems in place to ensure medicines were managed safely; these included obtaining, storage, administration, recording and disposal of medicines.
- People received their medicines as prescribed.
- Staff who administered medicines received training and had their competence assessed.

Preventing and controlling infection

At our last inspection, the provider had failed to ensure all parts of the service and equipment were clean and staff wore PPE appropriately when completing care tasks. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of regulation 12.

- The service was clean and tidy.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Systems and processes to safeguard people from the risk of abuse

- The provider had procedures to safeguard people from the risk of harm and abuse.
- Staff received safeguarding training and knew how to recognise abuse and the actions to take if they had concerns.
- Relatives confirmed communication had improved and as a result they were reassured the service was safe.

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

- Risk to people who used the service was assessed to help minimise issues of concern.
- Individual risk assessments for people, and environmental risk assessments were kept under review and adjusted when required.
- Incidents and accidents that affected the safety and welfare of people were monitored so improvements could be made.

Staffing and recruitment

- The provider had a safe recruitment system, which included employment checks before staff started work in the service.
- There was enough staff employed to meet people's needs.
- There were positive comments from people and their relatives about the staff team and their approach when providing care support.

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 requires improvement. At this inspection, this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

At the last inspection, we recommended the provider and manager used the MCA code of practice to guide decision-making and recording of decisions made in people's best interest. The provider had made improvements.

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

- The provider ensured staff worked within mental capacity legislation. This meant any restrictions on people's liberty were recognised, their capacity was assessed, and decisions made in their best interest.
- Applications for DoLS were made when appropriate; these were kept under review.
- Staff had a good understanding of the need to seek consent before carrying out care tasks.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Improvements had been made in delivering person-centred care to people.
- People's needs were assessed, and care plans developed, which reflected their individual preferences. One person said they were hungry one night and were supported to go downstairs at 9pm to watch tv whilst the carer made them a cheese toastie and a hot chocolate.
- Care plans provided staff with information and guidance on how to meet people's needs. A senior carer said, "Staff have access to all care plans and risk assessments, and they have said the information is clearer for them now."

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

- People's nutritional needs were met. People's weight was monitored, and action taken when required.
- The menus provided choices and alternatives for people. Staff were knowledgeable about people's specific nutritional needs and provided fortified snacks in-between meals.
- People told us they liked the food. Comments included, "The food is lovely and there's great choice; the cook is fantastic."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff ensured people had access to a range of health and social care professionals when required for advice, treatment and review of their care. A relative said, "Mum had a problem with her eye, they sorted this quickly and told me about it."
- There were information sheets for use when people were admitted to hospital. This provided a summary of people's main health, care and support needs.

Staff support: induction, training, skills and experience

- There were systems in place to identify training needs and provide guidance, supervision and support. The manager told us additional training, for example in health conditions which affected some people, was to be added to the training plan. The induction of new staff included shadowing more experienced staff.
- Staff had completed supervision and appraisal meetings or had these planned with their line manager.
- Staff made positive comments about the support they received. Comments included, "We get so much support from [Name of manager], they are so approachable, helpful and they appreciate us. I am so happy with them as my manager" and "The manager has definitely developed good relationships with us all. There are also better relationships between staff and morale is good."

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

- The layout of the main communal area on the ground floor had been redesigned to better meet people's needs. This had separated the dining area from the seated lounge area.
- People had been involved in choosing colour schemes for bedrooms and the dining room when these were redecorated.

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 requires improvement. At this inspection, this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection, the provider had failed to ensure there was an effective quality assurance system and accurate records. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- The provider had an annual quality assurance system that included, audits and checks. The system was overseen by the provider's 'Quality Matters team', who completed visits to the service. Since the last inspection, the system had become more organised and was effective in identifying shortfalls so these could be addressed.
- The quality assurance system was better at recognising and seeking people's views so they could contribute and help to improve the service. For example, the dining experience audit included pictorial questionnaires and a meeting to discuss meal suggestions.
- Improvements were seen in recording such as monitoring charts, care plans, daily staff allocation and shift handover information.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People we spoke with, including relatives and staff all confirmed the positive changes since the new manager came into post in January 2021.
- Staff told us morale had increased, meetings took place and they worked well as a team. They said, "[Name of manager] is really good, they do the meetings and always praises us and says thank you. We have the opportunity to raise anything that we want to; they answer our questions straight away" and "Communication is really good. The handover system makes sure that we are all up to date about what is going on in the service, how all the service users are; everything it is so much better."
- Relatives said communication and inclusion had improved enormously. Comments included, "The home is better managed now. My views are asked for; I was sent a survey and I filled it in, that was the first time I felt in the loop", "The new manager is doing an amazing job" and "I do feel they are communicating better since the change in management."

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 and manager notify relevant agencies when incidents occur that have the potential to affect the safety and welfare of people.
- The provider and manager were aware of the need to address complaints quickly, apologise for any shortfalls and put things right.
- Relatives told us they would raise complaints when necessary. Comments included, "I would speak with the manager if I had an issue. It has changed; it feels better now" and "If I had a complaint I feel [Name of manager] would take it on board, and my issue would be acted on straight away."

Working in partnership with others

- Staff worked in partnership with relatives and a range of health professionals.
- A relative confirmed this and said, "I am involved with decisions about mum's care. I ring every day and speak to [Name of senior], they give me plenty of information about mum and keep me informed."