

Lotus Home Care Limited

# Lotus Home Care York

## Inspection report

Unit 6, 10 Great North Way  
York Business Park, Nether Poppleton  
York  
YO26 6RB

Date of inspection visit:  
25 May 2021  
02 June 2021

Date of publication:  
07 July 2021

### Ratings

Overall rating for this service

Good 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Good** 

# Summary of findings

## Overall summary

About the service:

Lotus Home Care York is a domiciliary care agency providing care and support to people with a range of support needs living in their own homes. There were 49 people being supported with personal care at the time of our inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People received a caring and effective service. However, recent staffing vacancies had resulted in some inconsistencies with call times and staffing arrangements. The registered manager was recruiting new staff to address this. Most people received their medicines as prescribed, but improvements were required for one person, to ensure their time-specific medicine was given at the right times. The provider's policy in relation to COVID-19 needed updating to reflect appropriate guidance; this was addressed straightaway.

Staff received induction training, spot checks and supervision to help them support people effectively. People's needs were assessed and there were care plans in place, with information for staff about people's needs and preferences. Some care plans needed more clarity about aspects of people's health needs. The provider agreed to address this. Staff supported people to access healthcare professionals when required and worked with other agencies to meet people's needs.

Within the context of the COVID-19 pandemic, 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. Staff sought people's consent before delivering care and respected their wishes.

Staff were responsive to people's individual needs and encouraged them to be as independent as possible. People's privacy and dignity was respected; staff put them at ease when providing support with personal care and bathing. People told us staff were friendly and respectful.

Any complaints people raised were investigated and responded to. There was a quality assurance system in place, including audits and spot checks. The provider was making improvements to quality assurance and governance arrangements, to improve provider level oversight and make systems more effective in addressing any shortfalls. We have made a recommendation about quality assurance.

The service benefitted from an experienced registered manager and deputy manager, who promoted a positive, person-centred culture. Staff felt supported and enjoyed their work. They spoke warmly about the people they cared for.

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

#### Rating at last inspection:

This service was registered with CQC on 8 April 2019 and this was the first rated inspection of the service.

#### Why we inspected

This was a planned inspection based on the date of the provider's registration.

#### 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** 

# Lotus Home Care York

## 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. This inspection was planned to check 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

The inspection was conducted by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own home. 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

We gave the service 24 hours' notice of the inspection. This was because we needed to ensure staff would be available at the office to assist.

Inspection activity started on 25 May 2021 and ended on 7 June 2021. We visited the office location on 25 May and 2 June 2021.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included information from the provider and from other sources. We requested feedback from the local authority who contract with this service. We used all this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We visited the office twice and spoke to care staff over the telephone. The Expert by Experience spoke with people and relatives over the telephone to gather their feedback on the service. We spoke with 12 people who used the service and one relative. We spoke with eight staff, including the registered manager, deputy manager, quality and compliance manager and five care workers.

We looked at records related to people's care and the management of the service. We viewed five people's care records, four staff recruitment and induction files, rotas and scheduling, training and supervision information, and a range of records used to monitor the quality and safety of the service.

#### After the inspection

We continued to review evidence from the inspection and sought clarification from the provider 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.

### Staffing and recruitment

- People did not always receive care at consistent times.
- The provider was experiencing staffing difficulties at the time of our inspection and this had affected people's call times and the consistency of care workers. We received mixed feedback from people and relatives about this. One person told us, "They sometimes come late which is inconvenient."
- The provider was using contingency staffing from other branches to ensure people continued to receive their care. They had also recruited six new care workers who were due to start shortly after our inspection.
- Appropriate recruitment checks were conducted to ensure applicants were suitable to work with vulnerable people.

### Preventing and controlling infection

- The provider had recently updated their COVID-19 policy, but this was not reflective of appropriate guidance. They took action straightaway to address this.
- The provider had completed risk assessments for staff at higher risk from COVID-19, but these lacked detail and did not cover all potential risk factors. The provider introduced a new risk assessment tool following our feedback.
- Staff had been kept updated about changes in guidance relating to the pandemic and had received training in infection prevention and control. They had sufficient access to PPE and were regularly tested. The registered manager agreed to refresh staff knowledge in the safe use of PPE.
- People told us staff always wore PPE and washed their hands regularly.

### Using medicines safely

- There were systems in place to make sure people received their medicines as prescribed. However, there was some variation in the time that one person received their time-specific medicine. This could impact on the effectiveness of the medicine. The registered manager was working to improve consistency of call times and agreed to continue monitoring this person's medicine times.
- Staff received medication training and competency checks. They were knowledgeable about how to administer medicines safely and record this properly.
- People were generally satisfied with support they received with medicines. They told us it was always given correctly, although not always at the same time.

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

- The provider assessed and reviewed risks to people's safety and wellbeing.

- Some risk assessments lacked clarity about the level of risk to people and how to minimise potential risks. This included risks in relation to mobility and health conditions. The provider had plans to improve the format of risk assessments to help make this information clearer. The registered manager added more detail into some care plans in the meantime.
- Staff recorded any accidents and incidents and reported them to the office. The registered manager reviewed accidents to identify any action required to prevent a potential recurrence.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to safeguard people from the risk of abuse.
- Staff understood the signs of potential abuse and knew how to report any concerns. They were confident any concerns they raised would be appropriately dealt with.
- The registered manager retained clear records in relation to safeguarding incidents and how these had been managed.



# 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.

Staff support: induction, training, skills and experience

- Staff received an induction when they commenced in post. This included shadowing other staff before working independently. Most of the initial training was covered in one day, prior to shadowing shifts. The quality and compliance manager advised they were reviewing the training package to make the induction longer and more comprehensive.
- Most staff were satisfied with the training they received, and all confirmed that the registered manager offered them additional shadowing shifts if they needed it.
- Staff received supervision and spot checks, to assess their on-going competence.
- People told us staff had the right skills but felt there was some variability in staff experience. People's comments about staff included, "They seem to know what they are doing" and, "They are normally okay. Some are better than others."

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Care plans contained information about people's capacity to consent to their care. The registered manager was taking action to make some documentation clearer about what specific decision staff were assessing the person's capacity to make.
- Staff sought people's agreement before delivering care. For instance, one person told us, "They ask permission before washing me."
- People had signed (or given verbal agreement to) their care plan.

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

- Staff supported people to access health professionals when needed and reported any changes or

concerns about people's health and well-being. One person told us, "I was ill recently and they were quite concerned about me. They would have called the doctor but it was only a 24 hr bug."

- Information about each person's health needs was available in their care plan. Some care plans lacked clarity about specific aspects of people's health needs, including catheter care, diabetes and oral care. The provider agreed to address this, so that information was clearer. Staff were aware about people's needs.
- The registered manager sought additional advice and information from health specialists when needed.
- People's needs were assessed before they were offered a service. This was reviewed on an on-going basis.

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

- Staff supported people with preparing meals and drinks, where this was part of their care package.
- Care plans contained information about people's nutritional needs and preferences.
- Most people were satisfied with the support they received with their meals and drinks. One person told us, "I can ask them to make me a meal and they will heat up a meal from my fridge. They ask me what I want, or I can ask them to make me some breakfast."

# 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.

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

- People were treated with kindness and respect.
- People spoke very positively about care staff. They told us, "They are lovely friendly people" and, "I always find them respectful." Other comments included, "They are a breath of fresh air. I can chat with them and have a laugh. They are friends. I can relate well to them and it's nice when they come."
- Recent staffing difficulties had affected the continuity of care staff and number of different staff attending each person. One person told us, "There are lots of different carers." The registered manager was aware of the issue and was recruiting a number of new staff, to improve consistency of care staff and call times.
- The provider had an equality and diversity policy. Relevant information, including people's ethnicity and religion, was recorded in people's care plans.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity.
- Staff were able to describe how they promoted people's comfort and dignity when providing support with personal care and hygiene tasks.
- People confirmed staff put them at ease when providing support. Their comments included, "When I have a bed-bath they make sure they cover me up when they are doing it" and, "They are gentle and good."
- Staff promoted people's independence. One person gave an example of this and told us staff "Definitely" encouraged them to do things for themselves, where they could. A relative told us, "They encourage [Name] to wash herself."

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

- Staff involved people in decisions about their care and respected people's choices. This included day to day decisions about the support they wanted. People told us, "I tell them and they listen to me" and, "They (staff) always ask me – is there anything else I can do for you?".
- Nobody using the service at the time of our inspection had an advocate, but the registered manager was aware of local advocacy services, should anyone need help to access independent support with decision making.

# 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 care delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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

- Each person had a care plan with information about their needs and preferences. This included detail of the support required from staff at each visit. Care plans were reviewed and updated when people's needs changed.
- People confirmed staff listened to them and provided the care they requested.
- Staff recorded information about the care they provided. This information was reviewed monthly by the management team, so they could check that care was being provided in line with each person's needs and preferences.
- The COVID-19 pandemic had impacted on opportunities to support people with community based social activities, but people confirmed they enjoyed social contact and chats with the care staff who visited them.

### Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider assessed and recorded information about people's individual communication needs. This was available to share with other services if needed.
- People could request information in different formats.

### Improving care quality in response to complaints or concerns

- The provider had a complaints policy, which contained details about how people could expect any concerns to be dealt with.
- There were clear records of how any formal complaints had been addressed and responded to.
- People told us they would feel confident to raise any concerns. Their comments included, "If I had to complain I would" and, "I would do if I needed to."

### End of life care and support

- The provider had an end of life care policy.
- When needed, staff worked alongside healthcare professionals, including the community nursing team, to ensure people were comfortable and pain free.

- Care plans lacked information about people's advanced wishes in relation to end of life care. The quality and compliance manager advised they were revising the format of care plans to include this information, where people wished to discuss this.

# 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 rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

- The service benefitted from an experienced registered manager and deputy manager, who had been in post since the service started.
- The registered manager was aware of regulatory requirements and notified CQC of relevant information in a timely way. They retained organised files and information.
- The provider had a quality assurance system. This included regular audits of care plans, care delivery and medication records. The provider was aware that improvements were needed to the format of care plans and organisational governance systems and work was already underway to address this. The registered manager was also taking appropriate action to improve current issues with the consistency of care visits.

We recommend the provider continues to review and develop the quality assurance system in line with best practice, to ensure it is effective in driving continuous improvement.

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

- The registered manager and deputy promoted a positive, person-centred culture. Staff felt supported and one told us the registered manager and deputy were, "Absolutely brilliant. They are lovely. I never have any problems with them." Other staff commented about how well the 'on-call' system worked and how proud they were about how well the team had worked together throughout the pandemic.
- Staff told us they enjoyed their work and spoke warmly and respectfully about the people they cared for.
- Staff received supervisions and spot checks. There were regular staff meetings, where staff had opportunity to raise any questions or concerns. These had been completed on-line during the pandemic.

Working in partnership with others

- Staff worked with healthcare professionals to meet people's needs. The registered manager provided an example to illustrate how they worked alongside other agencies to improve the health and well-being of one person, leading to positive outcomes for the person and their family.

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 registered manager was aware of requirements in relation to the duty of candour.

