

# Lotus Care Management Services Limited

# Lotus Care Marmaduke Street

## Inspection report

13 Marmaduke Street  
Liverpool  
Merseyside  
L7 1PA

Tel: 01512610005

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Lotus Care Marmaduke is a care home which provides accommodation and nursing care for older people some of whom were living with dementia. The service accommodates up to 48 adults. Accommodation is provided over two floors. At the time of our visit, 38 people were living there.

### People's experience of the service and what we found

Some training courses were not completed and required improvement. Some medical professionals had raised communication and competency as an issue before we inspected. The provider had started to address this. Some records were in the process of being re-written in preparation for transferring over to an electronic system.

There was a range of audits completed which had already identified the need for some improvements and there was a detailed action plan in place to address this however there were still some gaps in records. There was not a registered manager in post, however staff spoke positively about the interim manager. Staff and people who lived at the home were engaged with via regular meetings. The provider worked closely with the local authority and safeguarding adult team. The provider was aware of their obligations under duty of candour to be open and honest regarding any failings in the service and had informed CQC of any notifiable events.

People we spoke with said they felt safe living at the home. Risk assessments were in place and they were robust, informative and reviewed regularly or when someone's needs changed. The home was clean and there were good infection prevention control procedures in place. Medication was managed safely and there was enough staff on shift to ensure people were supported safely. There was a process for assessing incidents and accidents, and these were reviewed by the provider for emerging patterns and trends.

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.

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

The last rating for this service was good (27 November 2020).

### Why we inspected

This inspection was prompted by a series of concerns shared about the service with regards to medication management, risk assessments, staffing, staff knowledge and skills and end of life care. A decision was made for us to inspect and examine those risks. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements. We found during this inspection

the provider needed to make some improvements.

#### Enforcement

We have identified breaches in relation to governance and records.

Please see the action we have told the provider to take at the end of this report.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Lotus Care Marmaduke Street on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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.

<p><b>Is the service safe?</b></p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service effective?</b></p> <p>The service was not always effective.</p> <p>Details are in our effective findings below.</p>	<p><b>Requires Improvement</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>The service was not always well-led.</p> <p>Details are in our well-led findings below.</p>	<p><b>Requires Improvement</b> ●</p>

# Lotus Care Marmaduke Street

## **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 team consisted of 2 inspectors and a medicines inspector.

#### Service and service type

Lotus Care Marmaduke Street 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. Lotus Care Marmaduke Street is a care home with 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 not a registered manager in post.

#### Notice of inspection

The inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We viewed 4 people's care plans, 3 staff recruitment files and other documentation relating to the running of the service. We spoke to 4 staff including the interim manager, senior leadership team and 2 care staff. We spoke to 3 people who lived at the home and 1 visiting relative. We spoke with a visiting healthcare professional. We viewed multiple medication records and we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# 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 remained Good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- Risk assessments were robust, and clearly described the course of action staff were expected to take in order to mitigate harm. Risk assessment were reviewed every month, or when people's needs changed.
- We saw how one person's diabetes risk assessment described their blood glucose tolerances and the action the staff were to take if the person experienced either low or high blood glucose readings.
- People we spoke with told us they felt safe and well looked after. One person said, "Well the staff are great, cannot fault them" a relative told us "When I am here, I see no cause to complain- they are nice staff."

### Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm. There were a number of safeguarding's that had been raised in the home, however the provider was cooperating with the local authority safeguarding teams and were taking action to address any shortfalls.
- Everyone we spoke with said they felt safe at the home. One person said, "I feel safe- sometimes they could do with more staff."
- All staff had completed safeguarding training and knew what course of action to take if they felt someone was being harmed or abused.

### Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff. Some people said they waited for buzzers to be answered but this was not all of the time.
- The provider operated safe recruitment processes.
- Staff were only permitted to work at the home once satisfactory checks had been undertaken including an induction process.
- Staff told us and we observed there was enough of them to ensure people's needs were being met in accordance with their level of need.

### Using medicines safely

- The service had an up-to-date medicines policy in place. Medicines were stored safely in a clean and tidy environment.
- Medicines audits were completed, and action was taken in a timely manner for any issues raised.
- Staff (including agency staff) completed medicines training and medicines competencies. We found medicines were administered and recorded safely and at the correct times.
- Paperwork for people that were receiving medicines covertly (hidden in food and drink) was detailed and

in place.

- Guidance for as and when required medicines (such as painkillers) was in place, although for 1 person more information was need for it to be more person centred. We raised this with the provider at the time of our inspection.

#### Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- There was PPE available for staff to use in the event of an infection outbreak.

#### Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance

#### Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- There was an incident and accident log and analysis in place which demonstrated incidents and accident had been scrutinized for patterns and trends.
- We saw an example of how recent learning from some concerns raised around staffing had been implemented.



# 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 our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's needs were assessed and care and support was delivered in line with current standards to achieve effective outcomes.
- There was pre-assessment information available in care plans which showed what type of support and routines people wanted.
- There were daily 'flash' meetings in place which staff attended to ensure any changes in people's needs were communicated.
- Some parts of people's care plans required auditing because some of the records were not always completed. However, records were in the process of being transferred to an electronic system.
- Thickener (a medicine which is used to thicken people's fluids to prevent the risk of choking) was not always being recorded accurately for some people. We fed this back and the provider immediately corrected this.

Staff support: induction, training, skills and experience

- The service did not always make sure staff had the skills, knowledge and experience to deliver effective care and support.
- There were gaps in the training matrix which meant not all staff had completed their required training. Some medical professionals raised some concerns before our inspection regarding this, and felt sometimes staff did not always know how to respond to certain situations in the home.
- We raised these concerns with the provider and the quality team. They provided evidence they had already identified some improvements were needed in this area, and had already begun taking action to address this.

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

- People were supported to eat and drink enough to maintain a balanced diet.
- Information in care plans had been updated and audited to ensure people were being given the correct diet and food consistency.
- The kitchen staff had information available which advised them what people's food preferences were, and any special or modified diets were catered for.

Staff working with other agencies to provide consistent, effective, timely care

- The provider ensured the service worked effectively within and across organisations to deliver effective

care, support and treatment.

- A medical professional told us the home was improving with regard to their communication. We did however, receive some concerns the home was not always acting in a timely manner when it came to escalating concerns. We discussed these concerns with the provider at the time of our inspection, who assured us they were working hard on their action plan to ensure these areas were addressed, but acknowledged it needed improvement.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to live healthier lives, access healthcare services and support.
- There was a log of professional visits recorded for each person, which showed staff were responsive at contacting other agencies for advice and support when needed.

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

- People's individual needs were met by the adaption, design and decoration of the premises.
- The areas in the home were clean and nicely decorated.

Is consent to care and treatment always sought in line with legislation 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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

- The provider was working in line with the Mental Capacity Act.
- There was a system for tracking, monitoring and reapplying for DoLS in place to ensure people were not being deprived of their liberty unlawfully.

# 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 Requires Improvement. At this inspection the rating has remained 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

- There remained no registered manager at the home. The provider had taken steps to recruit a manager, and there was an interim manager in post who knew the home well.
- The provider had a management structure that monitored the quality of care to drive improvements in service delivery. However, oversight required improvement because there were gaps in some training records and some people's risk assessments contained some conflicting information which had not been identified during audits. People's thickener was not always being recorded correctly, and this had not been picked up or addressed prior to our inspection visit.

We found no evidence anyone had been harmed, however these examples highlight a breach of Regulations 17 of the Health and Social Care Act 2008 Regulatory Activities (regulations) 2014.

- We saw minutes of team meetings which were taking place regularly by all staff. Our conversations with staff demonstrated they understood what was expected of them and staff told us they felt well supported by the manager.
- People also spoke positively about the manager. One person told us "The manager is a good guy-approachable."

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

- There was a positive and open culture at the service.
- The provider had systems to provide person-centred care and they were improving how they achieved good outcomes for people.
- There was a good ethos of teamwork. Staff told us they liked the manager.

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 understood their responsibility to be open and transparent with people.
- The provider had identified before our inspection not all notifications had been sent to CQC in line with their legal responsibility, and was working through these.

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

- People and staff were involved in the running of the service and staff fully understood and took into account people's protected characteristics.
- Staff were given time to spend with people and were given good training with regards to completing people's records and notes. Agency staff were inducted into the home, and given the time needed to get to know people, and their support needs.
- People who lived at the home had been asked to contribute their feedback and actions had been taken from this

Continuous learning and improving care

- The provider had created a learning culture at the service which improved the care people received.
- The provider was open and honest with us regarding some recent concerns they had identified at the home but they were working hard to ensure these concerns were addressed.

Working in partnership with others

- The provider worked in partnership with others.
- We saw numerous examples of partnership working with the local authority and safeguarding adult teams.

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	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Some records required updating because they contained out of date and conflicting information. Oversight with regards to training was lacking, because there were numerous gaps in the provider's training matrix.