

JD Zen Care Limited

Lotus Court

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 caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

Overall summary

This inspection took place on 5 August 2015 and was unannounced.

Lotus Court is registered to provide residential care and support for up to 19 people with a learning disability who present behaviours that challenge and who, have complex needs. At the time of our inspection there were 15 people using the service. Accommodation is divided into three large bungalows with a washrooms, kitchenette, dining room and lounges. Two bungalows accommodated six people with seven people in the third bungalow. The majority of bedrooms have ensuite washroom facilities.

A registered manager was in post. 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.

People told us they felt safe at Lotus Court. Staff were trained in the safeguarding (protecting people who used care services from abuse) procedures and knew what to do if they were concerned about the welfare of people who used the service.

Summary of findings

People were supported by knowledgeable staff who understood people's individual and diverse needs and how to support them to keep them safe. Where risks to people had been identified, staff had the information they needed to help keep them safe.

Staff recruitment practices were robust and appropriate checks were carried out before people started work. People told there were enough staff on duty to meet their needs and to enable them to go out with staff support, when needed, and to access local services.

Medicines were stored safely and people received their medicines at the right time.

Staff told us they had received induction training and ongoing training that helped them to understand the needs of people and how to provide the care and support they needed. Staff had received training that was sufficient to meet people's needs. Staff received regular support and supervision to ensure they practice was monitored and they could make suggestions to develop the service and people's quality of life.

People made decisions about their care needs and their lifestyle choices were supported by staff and were not restricted. Staff had access to people's care records and knew how to support people and what was important to them.

People were provided with a choice of meals that met their dietary needs. Staff supported people who needed help to eat and drink in a sensitive manner.

People's health needs had been assessed and met by the nurses and health care professionals. Staff sought appropriate medical advice and support from health care professionals when people's health was of concern and they had routine health checks.

People spoke positively about the staff's attitude and approach, and had developed positive working relationships with them. People told us staff were kind and caring. People's privacy and dignity was maintained, their choice of lifestyle was respected and their independence was promoted.

People had the opportunity to visit Lotus Court and had their needs assessed before they moved in. People were involved in the development and review of their care plans, which included their preferences, choice of lifestyle and interests.

People told us about how staff supported them to pursue their interests, hobbies and activities that were important to them. People attended meetings where they could discuss how the service was run, made decisions about trips and activities they wanted to have and ensured their views were heard about things that they would like to change. People were confident that any concerns would be responded to by the registered manager and the provider.

Staff were complimentary about the support they received from the registered manager. Regular meetings, supervision and appraisals provided staff with an opportunity to develop and influence the service they provided and improve people's quality of life.

The provider had a robust assurance system in place that assessed the quality of service provided. Information gathered from the internal audits carried out and views from people who used the service, their relatives and staff were used to continually develop the service.

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 safe.

People felt safe at the service and staff knew what to do if they were concerned about their welfare. Risks to people's health and wellbeing had been assessed and measures were in place to ensure staff supported people safely.

Safe staff recruitment practices were followed to help ensure they were appropriate to work with people who used the service. There were enough staff on duty to keep people safe and to meet their needs.

People received their medicines safely.

Good



Is the service effective?

The service was effective.

People were cared for by staff that had the skills and experience they needed to meet their needs.

People's consent to care and treatment was sought in line with legislation and guidance. People were supported to make decisions about their lives.

People's nutritional needs were met. People were referred to the relevant health care professionals to promote their health and wellbeing.

Good



Is the service caring?

The service was caring.

People were supported by staff who were kind and caring. People's privacy and dignity was respected.

People were involved in making decisions about their daily care needs, which helped staff to know their preferences and how they liked to be supported.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed prior to receiving a service and they were involved in the ongoing review and development of their care.

People were encouraged to pursue their interests and maintain contact with family and friends. People's independence was promoted and staff supported people to access community services.

People had opportunities to share their views about the service including how to make a complaint about any aspect of their care and support. Procedures were in place to ensure complaints were addressed.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

There was a registered manager in post and they had a good understanding of their management responsibility. The registered manager and staff had a clear and consistent view as to the service they wished to provide, which focused on the promoting person centred care that was inclusive and empowering.

Staff were complimentary about the support they received from the management team and were encouraged to share their views about the service's development.

The provider had effective systems in place to regularly assess and monitor the quality of care provided and used the findings to continuously develop the service.

Lotus Court

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 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 5 August 2015 and was unannounced.

The inspection was carried by two inspectors.

We contacted commissioners for social care, responsible for funding some of the people who used the service and health and social care professionals who provided support to people and asked them for their views about the service. We reviewed the provider's statement of purpose which was sent to us at the point of registration of the service. This document has information about the Lotus Court and the range of services it provides.

During the inspection visit we spoke with three people who used the service and observed how staff supported another three people who had limited communication. We also spoke with a visitor, a relative of a person living in the service.

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.

We spoke with the registered manager and four care staff, day care staff and house-keeping staff with their interpreter. We spoke with the provider who was present during our inspection of the service. We also spoke with a visiting health care professional.

We looked at the care records for three people to find out how they were supported with their daily care and support needs. We looked at staff recruitment and training records. We looked at records in relation to the maintenance of the environment and equipment, complaints and the quality assurance and governance.

We requested additional information from the provider in relation to staff training, record of meetings, provider's visit report and confirmation that action had been taken to ensure window restrictors had been installed to ensure the premises were safe. We received this information in a timely manner.

Is the service safe?

Our findings

People who used the service told us they felt safe. One person told us that if they had any concerns they would speak with any member of staff. One person described how staff helped them to stay safe at the service and when they were out in the community. They told us that they felt safe when the staff used the hoist fitted in their room to them get in and out of bed.

A visiting relative said, "I know [person's name] is safe here." They told us they would speak with the registered manager if they had any concerns and contact the Care Quality Commission (CQC) if no one listened to them. This showed that the relative had been informed of the safeguarding procedures, which was also displayed at the service.

Staff had access to the provider's safeguarding policy and procedure, if required. Staff were trained in safeguarding (protecting people who use care services from abuse) and knew what to do if they were concerned about the welfare of any of the people who used the service. They knew the different types of abuse and were confident to report the concerns about abuse to the registered manager and where appropriate refer those to the local authority and the CQC. Arrangements were in place for people who preferred to have their money held in safe keeping at the service. That showed people could be confident that their safety, wellbeing and finances were protected.

Prior to our inspection visit we asked the local authority responsible for some people who used the service. They told us they had no concerns about people's safety and were confident that registered manager and staff were trained in the safeguarding procedure.

People's care records included assessments of risks associated with their needs. These were regularly reviewed and covered areas of activities related to people's health, safety, welfare and lifestyle choices. For instance, assessments of risks were completed for people at risk of choking, moving and handling for people with limited mobility and where specialist equipment needed to be used to support people. One person we spoke with was aware of potential risks to themselves and knew that staff had to use the hoist to help support them safely.

Staff were familiar with each person's individual needs and knew how to support. They described how they supported one person with their personal care and meals, which

showed the advice and guidance care plans, were being followed. Staff told us they were aware of people's health conditions and knew what signs to look for that would indicate someone may become unwell or display behaviours that challenge. The examples they shared with us related to how they supported people with health conditions such as an epileptic fit and the action they would take should the person require medical treatment. When we read the person's care record it showed that the action described by the staff was consistent with guidance in the risk assessments to help maintain the person's health and welfare.

We found that people had been referred to relevant health care professionals where a risk to their health and safety had been identified. Care records we looked detailed the recommendations from the health care professionals to ensure that staff had the guidance to meet the person's needs safely. For instance, a person who was at risk of choking and had a swallowing difficulty had been referred to the speech and language therapist (SALT) and records showed that staff had followed the guidance provided to meet the person's needs.

Staff told us they understood the process of reporting any untoward incidents. Records we looked at showed that these have been routinely reviewed and action was taken to minimise the risk of it happening again.

There were systems were in place for the maintenance of the building and its equipment and records we viewed confirmed this. Premises were clean and safe for people to move around independently. Equipment needed in the safe delivery of care was provided such as ceiling track and mobile hoist, specialist baths and showers and equipment provided in accordance with people's assessed needs. One person told us that the windows in their room opened all the way out. When we checked we found that there were no window restrictors fitted to the windows in one bungalow. We raised this with the provider who was visiting they took action immediately. Some window restrictors had been installed.

Following our inspection visit the provider confirmed that window restrictors were fitted to all the windows. That showed the provider took action promptly to ensure people were safe at all times.

People told us that there were always enough staff available to support them with their daily personal care

Is the service safe?

needs and to go out or to access community services. A visiting relative told us that staff knew their family member well and also said, “Staffing is very good and staff are always around.”

People’s safety was supported by the provider’s recruitment practices. We looked at the staff recruitment records. We found that relevant checks had been completed before staff worked unsupervised. A staff member told us their induction training, included reading people’s care records, the provider’s policies, procedures and the worked alongside experienced staff to get to know the people who lived at Lotus Court.

The registered manager told us that staffing levels were determined by people’s assessed needs and took account of their social needs and hobbies to promote their wellbeing. Staff spoke positively about the staffing levels and their responsibilities, which allowed them to spend quality time with people and provide them with the person centred care they need. Three new staff were due to be

appointed to replace the regular agency staff used. This showed that the provider had taken steps to ensure suitable staff were employed so the people received the continuity of care and support from regular staff.

People told us that they received their medicines at the right time and knew what they were for. One person told us that they spoke with the registered manager about managing their own medicines and knew that it was being looked at. This person knew what medicines they took and what it was for, which showed they understood the importance of receiving their medicines on time. Each room had a secure storage where the prescribed creams were stored.

We found medicines were stored securely, managed and disposed of safely. We saw that only trained staff were allowed to administer medicines. We observed the staff administer medicines, which they did individually and records were completed accurately. Staff followed the correct protocols for medicines administered as and when required, otherwise known as ‘PRN’, and recorded the quantity of PRN medicines administered, which helped to ensure the person’s health continues to be monitored.

Is the service effective?

Our findings

People told us staff knew how to look after them. People were happy with the staff that supported them. They found staff understood their needs and how they liked to be supported. A relative who visited their family member told us they found staff were trained and looked after their family member well. They said, “Staff look after everyone properly.”

Records showed that staff had received induction training. The training certificates held in their files confirmed that they received further training to meet people’s individual needs. Records showed training was completed in moving and handling, health and safety, food hygiene and management of medicines. Some staff had received specialist health training to care for a person with a feeding tube, often referred to as a ‘peg’ feed (percutaneous endoscopic gastrostomy). One staff member spoke highly about the registered manager who arranged for a Makaton interpreter to support them with their learning and training. (Makaton is a language using signs and symbols to help people communicate). The provider told us that they planned to have ‘care certificate training’ confirmed in readiness for all new staff employed. This training is a nationally recognised training in health and social care for staff employed in the delivery of care and support.

The registered manager confirmed training had been booked for staff in emergency first aid, moving and handling, fire safety and safeguarding people. The provider was updating the staff training matrix needs to help monitor staff skills and ensure was planned in advance. Following our inspection visit the registered manager sent us the updated staff training matrix. They confirmed the training already booked and that some specialist training was being sourced. That showed action was taken to ensure staff skills, knowledge and training was kept up to date.

Staff told us that they had received support from the management, their colleagues and in the delivery of care and support people needed. Staff were competent and knowledgeable about the people’s needs. They had read people’s care records and received up to date information about people’s needs at the daily handover meetings. Staff received regular supervision to discuss their work and

training needs. Staff found the staff meetings were useful as they were informed about the planned training; developments within the service and felt they could make suggestions about how the service could be improved.

One person told us that they made choices about their lifestyles and how they wished to spend their time. We observed people made choices about where and how they wished to spend their time and staff respected them.

Throughout the day we observed staff sought consent before assisting people. People with limited speech expressed consent in a manner that staff recognised such as using gestures and facial expressions. We saw staff offered people choices about the meals and how they wished to spend the day. Staff spoke clearly and allowed the person to process the information before they replied or responded using other means of communication. For instance, a staff member showed a person two plated meals to help enable them to choose what they wanted to eat. Another person didn’t want to be supported so they made staff aware of this and staff respected their wishes.

The registered manager and staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Not every staff member we spoke with were aware of the people with an authorised DoLS, which could result in someone’s liberty being deprived unintentionally. When we shared this with the registered manager they assured us steps would be taken immediately to address this.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. MCA and DoLS exists to protect people who lack the mental capacity to make certain decisions about their own wellbeing or have restrictions place upon them. At the time of our visit four people were subject to an authorised DoLS. Their care records showed that mental capacity assessments were carried out for people where it was felt their liberty had been deprived and the registered manager made appropriate referrals to the supervisory authority. The care plans detailed the support each person required as per the authorisation.

People told us they were happy with the meals provided. One person said, “The food is very good here – I’ve got no

Is the service effective?

complaints.” One person told us they chose to have an egg salad but when staff showed them the plated choice of meals they chose to have the chicken curry instead, as this was one of their favourite meals.

A relative told us that their family member enjoyed their meals and drinks provided. The menus took account of people’s cultural and dietary needs and said, “[person’s name] likes to eat the English meals, which is lighter for him”, “He’s always drinking tea. He likes his tea so much that staff sometimes have to make him a cup of tea at night.”

Staff responsible for preparing meals had received training in food safety and understood people’s nutritional needs and those with specialist diets. They were able to describe the requirements of each person’s diets, individual preferences and specialist diets to manage health issues. There was a choice of meals prepared, which looked nutritionally balanced, appetising and prepared to suit people’s dietary needs.

Records showed that an assessment of their nutritional needs and plan of care was completed which took account of their dietary needs. People’s weights were measured in accordance with their assessed need and were provided with the support they needed. Where concerns about people’s food or fluid intake had been identified, they were referred to their GP, speech and language therapist (SALT)

and the dietician. Staff had received specialist training to ensure they managed the nutritional needs of the person with feeding tube. Staff described how they supported the person which showed that they followed the advice and guidance provided which were detailed in the care plans as recommended by SALT team.

Staff understood people’s individual care needs; how to monitor and support them with these. Staff supported people to make appointments and attend appointments if required. One person told us they had medical appointment and knew what the appointment was for. Staff respected their independence and rights to attend their own medical appointment.

People’s care records showed that they received health care support from a range of health care professionals, such as doctors, physiotherapist, and dietician and attended medical appointments. One person was under the care and treatment of the hospital was supported to attend regular appointments. We found that everyone was encouraged to have the annual health. That showed people could be confident that their health and wellbeing was maintained.

We contacted the health care professionals who supported some people using the service. They told people were referred to them in a timely manner and staff followed the guidance provided to meet people’s needs.

Is the service caring?

Our findings

People told us staff were kind and caring. One person told us they could talk to staff about anything and that they enjoyed being in the company of staff.

A relative complimented the staff at the service and said, "All the staff are very good, they care for everyone."

Throughout our inspection visit we observed staff showed care towards people. Staff were attentive and showed care when they supported people. We saw people had developed positive relationships with staff. For example, we saw staff guided a person back to the small lounge. They walked at a pace that was comfortable for the person and ensured they were sat comfortably and put on the music that they liked. We saw people were comfortable with the staff who helped them with their meals and drinks. Care was taken as staff responded to people's actions that indicated they were ready to eat again.

On our arrival at the service we saw one person go out for the morning with a friend. Staff told us that the person had already made their plans and that they ensured the person was ready in good time. One person told us that they chose how they spent their day from the time they got up to the when they went to bed. Staff member supporting the person had arranged for a taxi to take them to the venue and back. A third person had made their own medical appointment to see the nurse, which showed the person's independence was maintained.

Staff told us they were able to spend time with people to understand their individual needs and how to support them. We saw all staff including the house-keeping staff communicated with people using the service in a caring manner. Staff understood how people expressed their wishes and responded accordingly. For instance, they described how one person with limited speech used hand gestures to indicate their decision and choices made, which staff respected.

People's records included information as to the service they wished to receive and those that received a service told us they had a copy of their records within their home. Individual choices, preferences and the decisions made about their care and support needs were recorded. Where people lacked the capacity to make decisions, the views were sought from significant people involved in their care

and treatment such as family and health care professionals. The records completed by staff showed that staff respected people's decisions about how they were supported and lifestyle choices.

People's views about their care needs, and where appropriate, their relative or representative's views had been sought to ensure that the care provided was safe and appropriate. The registered manager told us regular meetings were held with the people who used the service and their relatives. These meetings provided people with an opportunity to comment and make suggestions about a range of aspects including the menus, planning of activities and trips that were of interest to people and any concerns. Records showed these meetings were recorded including any action that had been taken. For instance, boat trips and outings were planned and the menus had been changed to include people's favourite meals.

People told us they were treated with respect. People had their own private room and were able to lock the bedroom door. One person described how staff maintained their dignity when they were supported with their personal hygiene and would close the bathroom door to respect their privacy. Staff told us that one person looked after their pet cat. They supported the person by ensuring there was enough food for the cat.

We saw people looked clean and dressed in clothing of their choice. Staff were seen to knock on the door before entering people's rooms and the washrooms. At meal times staff made sure people's appearance was maintained, apron was provided so that people's clothing would be protected. Staff supporting one person was seen to wipe their mouth after each spoonful of food given. On another occasion staff offered to support someone to the bathroom when they suspected the person's dignity had been compromised. This showed that whilst people made their own choices staff were attentive and assisted people to maintain their dignity.

Staff understood the importance of respecting and promoting people's privacy and took care when they supported people. Staff had read people's care records which contained information about what was important to them. Staff described ways in which they preserved people's privacy and dignity, which supported our observations and what people had told us.

Is the service responsive?

Our findings

People had been involved in their assessments of needs and where some people lacked capacity to make decisions about their care needs, information was sought from people that were important in the person's life such as family members and health care professionals. One person told us they had visited the service before making a decision to move in. They were involved in the assessment process to determine whether their needs could be met.

Care records we looked at showed that people's needs had been assessed and plans of care developed to show how those needs would be met. Staff knew how to support each person, their likes, dislikes and their interests. We saw this to be the case as staff responded to people's requests for assistance and offered them activities that were of interest to them. Staff regularly checked on those who needed regular support to manage their personal hygiene and toileting, which we saw to be the case. The care records we looked at also confirmed that staff followed the guidance in the care plans. That showed that the care provided was person centred and responsive to their individual needs and interests

Staff told us that they have taken steps to improve people's quality of life and provide person centred care. For instance, one person now used the small lounge where they could listen to their music, which they could not do in the communal lounge where other people also watched the television. Another example of staff being responsive related to meal times being more suited to people's individual requirements. There were two meal sittings, which helped people to eat their meals at the time and pace that suited them. It also enabled people who needed assistance with their meals to be supported by staff. Our observations at both lunch time and teatime confirmed that person centred support was provided at meal times.

During the day we saw staff supporting people to be as independent as possible and be responsible, where possible, as to how they spent their time. People were able to receive visitors any time and we saw that they were respectful of other people who used the service. One person went out that morning with a friend, whilst another had visited the local museum. Another person told us they had just returned from a holiday abroad. A third person who was going to out to play bingo told us about the meetings held with everyone who used the service and

their relatives. At those meetings they had talked about different trips and had agreed on a boat trip. Staff supported people to plan individual activities that were of interest to people and had access to a vehicle to take people out.

We read the minutes from the meetings held, which showed the topics discussed included what type of activities and outings people would like to take part in, feedback on the meals provided, concerns and suggestions to improve the service and people's quality of life. Actions from previous meeting had been addressed. For instance, the staff member responsible for organising and supporting people with their hobbies and interests confirmed that six narrow boat trips had been planned for this year and a theatre trip.

People told us they felt listened to and able to raise concerns. One person found the management team were approachable and that they would act on their concerns.

A visiting relative knew how to make a complaint about any aspect of their family member's care. Whilst they had no complaints and they would not hesitate to speak with the registered manager if they had any concerns.

The provider's complaints procedure was available in written and easy read format so that people who used the service could understand. The contact details for the local advocacy service, the local authority social services department and CQC were included. The procedure was clear and described what the complainant should do if they remained dissatisfied with how their complaint was managed.

Staff were confident that if someone had a complaint, where possible, they would try to address the issue. Alternatively, they would tell the registered manager or deputy manager about the complaint and were confident that it would be addressed. The registered manager had responsibility to investigate complaint and was confident their procedure was sufficiently robust to assure people who used the service and their family that concerns raised would be addressed promptly. The provider had not received any complaints since it was registered in December 2014.

We saw a folder of thank you cards and letters received by the service. The comments within the cards were complimentary about the service people had received.

Is the service well-led?

Our findings

People were confident to speak with the staff and the registered manager about any aspect of their life at Lotus Court. People had the opportunity to influence the service they received at the meetings held for everyone who used the service and their relatives to discuss any issues, planning of events and activities, and their views about the staff, choice of meals and any concerns that they might have. Records showed the registered manager listened and acted on comments and suggestions made. For instance, the requested meals were now added to the menu choices.

The provider sought views from relatives of people who used the service. The results from the survey carried out in July 2015 showed the 75% felt staff listened to people. When we asked the registered manager about this they told us that action had been taken to address the individual issues, and have since received positive feedback.

People had been involved in the initial assessment to develop the person centred plans and the ongoing review of their needs. Where appropriate, views from their relatives and relevant health care professionals had been sought to ensure needs were met and people's independence was promoted as far as practicable.

The service had a registered manager in post. The management team consisted of the registered manager and a deputy manager and both were supported by the provider who visited regularly.

The registered manager understood their responsibilities in providing a quality service. The registered manager was aware of the new regulations and their responsibilities to ensure people lived in a place that was safe and their needs were met properly. They had an 'open door' policy, whereby people who used the service, visitors and staff were encouraged to speak with the management team and provider at any time. Some of the improvements made to the service by the registered manager included the person centred care plans, changes to staffing and training and environmental improvements made to make the service homely and safe. They have also kept their knowledge up to date and developed good links with external health and social care professionals and organisations.

The registered manager and staff we spoke with had a clear and consistent understanding of the provider's vision,

values and view about the quality of service provided. In that, the service provided should be person centred, that is safe, individual and provided by trained staff who understand and know how to look after people.

Staff told us that the service was well managed by both the registered manager and the deputy worked who well together and with the staff team to ensure everyone was safe and happy. They told us that the registered manager worked alongside them and during the visit we saw the registered manager supporting people who asked that they helped them. Some of the comments received from staff included, "The manager is great, she listens and is hands-on, whenever you need her", "She [registered manager] is really easy to talk to", "There's been a lot of good changes since [registered manager] has come. Actually, we all work well together. We've got a good team now."

Staff spoke positively about the quality of care provided and also the support they received. Staff had received on-going training which was planned to ensure staff knowledge and skills were kept up to date in order meet the needs of people who used the service. Staff felt respected and their contribution to the development of the service was valued. They had opportunities to share their views about the service and that this made them feel involved. One staff member told us that they enjoyed working at Lotus Court because there were lovely people and staff worked as a team.

Staff meetings took place regularly and the minutes showed staff received updates on changes about health and safety issues, work allocation, record keeping, staff rotas and any concerns about the health of people using the service. We found that any actions or shortfalls identified at the previous meetings were not logged to ensure monitoring was as effective as possible. When we shared this with the registered manager and provider they assured us they would address it, which would also contribute to the overall quality monitoring system.

We saw the provider had a good quality monitoring systems in place. There were a range of audits carried out regularly, which covered health and safety, the premises, management of medicines and monitoring of accidents and incidents. Systems in place for the maintenance of the

Is the service well-led?

building, fire safety and equipment. Staff we spoke with were aware of the reporting procedure for faults and repairs, which the registered manager and provider monitored.

The provider monitored how the service was run and reviewed the complaints and notifications of any significant incidents that were reported to us to ensure people were safe and cared for appropriately. Notifications are changes, events or incidents that the provider must tell us about. This showed that they were taking steps to assure themselves and people using the service received a quality and safe provision of care that was well-managed.

We spoke with the provider who was at the service and asked them about the steps they took to assure themselves of the quality of service delivered. They told us they carried out regular visits to audit the service. Records of those visits showed the areas that were checked, what they had found and action taken to address any shortfalls. That meant

people using the service could be confident that the provider monitored that the service was well-managed and was assured that the service continued to provide quality care that promoted people's wellbeing.

The provider told us about their plans to develop the service and steps taken already to work with other agencies such as the local university as part of the research and planning stage. They confirmed that they had sufficient resources to develop the service and staff to ensure care to be provided was in line with the provider's visit. During our visit we spoke with the visiting professional from the local university who was assessing how the two organisations could work together. They told us that from their initial observation the service was well managed and people who used the service looked happy.

We spoke with the health care professionals and local authority responsible for the service they commissioned on behalf of some people who lived at Lotus Court and asked for their views about the service. They told us they had received positive feedback from people using the service and staff.