

# Venus Healthcare Homes Ltd

## Lotus Lodge

### Inspection report

47 Blakehall Road  
London  
E11 2QW

Tel: 03303203321  
Website: [www.venushealthcare.co.uk](http://www.venushealthcare.co.uk)

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Lotus Lodge is a residential care home providing personal care to seven people at the time of the inspection. The service can support up to seven people.

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

The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

The provider did not have robust staff recruitment procedures in place to help ensure people were safe. Quality assurance and monitoring systems were not always effective. Medicines were not always managed in a safe way and we have made a recommendation about this.

### Right Support

People were supported in a safe way that was personalised around their individual needs. People lived in an ordinary home in a residential area. There were enough staff to meet people's needs. People were supported to take risks in a safe way.

### Right Care

People told us they were happy living at the service and with the care they received. Staff understood people's needs and how to meet them.

### Right culture

The culture was an open and inclusive one. People and others were able to express their views. The management was supportive and approachable.

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 and update

The last rating for this service was requires improvement (published 26 March 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 some regulations, but was in breach of others.

### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 11 February 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

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 and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained Requires improvement. This is based on the findings at this inspection.

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

### Enforcement and Recommendations

We have identified breaches in relation to staff recruitment practices and quality assurance monitoring at this inspection. We have also found some concerns with medicines management and have made a recommendation about this.

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

### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Lotus Lodge

## 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.

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

One inspector, a member of the CQC medicines team and an Expert by Experience carried out the inspection. 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 care home for adults with learning disabilities and people with autistic spectrum disorder.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. There was a registered manager in place at the time of inspection.

#### Notice of inspection

This inspection was unannounced

#### What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior

to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service about their experience of the care provided.

We spoke with seven members of staff including the registered manager, deputy manager, a deputy manager of another service run by the same provider who was there during this inspection, a senior support worker and three support workers. We spent time observing people.

We reviewed a range of records. This included three people's care records and seven medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

# 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 remained the same. 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

- Some staff had been recruited to work at the service without all legally required pre-employment checks been undertaken by the provider. We checked the employment records for five staff, all of whom had been appointed since the previous inspection. We saw the provider had obtained a history of staff's previous employment, criminal records checks, proof of identity and proof of right to work in the UK.
- However, for three of the five staff, the provider had not obtained employment or character references for staff who were employed to work at the service. When we asked the registered manager about one staff member, the registered manager told us, "I don't have references, I don't think they were done."
- All three of the relevant staff members had listed two references of their employment application form. The registered manager told us that sometimes the provider had requested references but had not received a reply. They were able to demonstrate they had requested one reference for one of the relevant staff. However, this request for a reference had been sent on the 16 June 2022, more than two months after the staff member commenced employment with the provider on 13 April 2022.
- The provider had a 'References Policy and Procedure' in place. This stated that people employed to work at the service are required to, "Produce at least two references, one of which must be from the most recent employer." The provider had not always acted in line with its own policy.
- After the inspection the provider gave us assurances that they would take steps to address this issue.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to ensure that all legally required employment checks were carried out. This placed people at risk of harm. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were enough staff working at the service to keep people safe. We observed there were enough staff on duty during our inspection, and people received one to one support where this had been assessed as needed.
- Two of the three relatives we spoke with said there were enough staff and that staff appeared unhurried in their duties. One relative said, "They're fine (staffing levels)." Although one relative told us, "I can never get to the bottom of how many people are on shift."
- The registered manager told us the service had a full complement of staff. Staff told us they had enough time to carry out their duties.

### Using medicines safely

At our last inspection the provider had failed to ensure that systems were in place to promote the safe management of medicines. This was a breach of regulation 12(1) 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 12. However, we did find some concerns with the way medicines were managed at this inspection, and have made a good practice recommendation in relation to these.

- Staff did not always follow systems and processes to administer and store medicines safely. The provider had not taken steps to ensure that staff had access to information on how to give medicines via percutaneous endoscopic gastrostomy (PEG) tubes. We found discrepancies on medicines administration record charts. For example, some medicines were listed that were not being taken.
- The controlled drugs cabinet in use was not in line with the requirements of the Misuse of Drugs regulations, as it was not securely attached to a wall. After the inspection the provider gave us assurances that this issue had been addressed. The medicines fridge temperature was outside of the required range. The thermometer in use was unable to provide minimum and maximum temperatures.
- Improvement was needed to make sure medicines were safely administered, recorded and stored. We have made a breach of regulations in relation to quality assurance and monitoring systems in the well-led section of this report. This reflects, in part, the improvements that were still needed in relation to medicines management. The provider was aware that improvements were needed and had already taken steps towards the completion of an action plan.
- We recommend the provider review systems and processes to make sure medicines are stored appropriately according to legislation and that medicines information is accurate and available to staff.
- People were supported by trained and competent staff to take their medicines. People told us they were supported to take medicines. One person said, "I had four injections (COVID-19 vaccinations)." Another person told us, "Nine o'clock and five o'clock and nine o'clock we have medication time. They (staff) always remember."
- Medicines care plans and risk assessments enabled staff to provide person centred medicines support.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines.
- People received support from staff to make their own decisions about medicines wherever possible.
- Topical medicines administration records provided staff with information on where medicines needed to be applied.
- Staff sought guidance from healthcare professionals and shared this information appropriately. They ensured that people could attend face to face and video healthcare appointments.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) 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 12.

- Risk assessments were in place providing guidance about how to support people in a safe way. These set



out the risks people faced and included information about how to mitigate those risks. Assessments covered risks including those associated with smoking, people who are distressed or expressing emotional distress, falling, oral care and skin integrity.

- Assessments were person-centred, based around the risks each person faced. They were subject to review, which meant they were able to reflect the risks people faced as they changed over time.
- Various checks were carried out to ensure the premises were safe. These included checks by qualified persons on the fire alarms, gas and electrical installations at the service.
- People and relatives told us people were safe. One person, when asked if they felt safe, replied, "Until now nothing bad has happened." The same person added, "They look after me well." A relative told us, "I think everything is well looked; after re risks, not worried for that at all."

Systems and processes to safeguard people from the risk of abuse

- The provider had processes in place to safeguard people from the risk of abuse. Policies were in place to guide staff, there was a safeguarding policy which made clear the provider's responsibility to report any allegations of abuse to the local authority and Care Quality Commission. There was also a whistle blowing policy in place.
- Staff had undertaken training about safeguarding adults and understood their responsibility to report any allegations of abuse. One member of staff told us, "First of all I will talk to my manager about it (suspected abuse)."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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.
- Relatives told us staff wore PPE. One said, "They wear masks if I come there."

Learning lessons when things go wrong

- Steps were taken to learn lessons when things went wrong. The provider had a policy on accidents and incidents, this said accidents should be reviewed to see what action could be taken to reduce the risks of similar accidents occurring again.
- Records showed this was done. For example, a person had cut themselves when shaving. This accident was reviewed, and it was agreed with the person that they would buy an electric razor, since when, then have not cut themselves again when shaving.

# 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 remained the same. 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.

At our last inspection the provider had failed to operate effective quality assurance and monitoring systems. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

### Continuous learning and improving care

- Various quality assurance and monitoring systems were in place. For example, audits were carried out in relation to medicines and health and safety. Risk assessments were subject to regular review. The deputy manager completed a weekly report to check that various things had been done such as fire safety checks and people's meetings. The registered manager carried out spot checks at nights and weekends to check everything was as it should be during those times.
- However, these systems were not always effective. Checks by the provider had failed to identify that staff had been employed without satisfactory references been obtained from them. Medicines were still not been managed in a way that was safe, although this area had seen some improvements since our last inspection.

We found no evidence that people had been harmed. However, the provider did not have effective quality assurance and monitoring systems in place. This placed people at risk of harm. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider promoted a positive, open and inclusive culture to achieve good outcomes for people. Staff spoke positively about the registered manager and the working environment.
- One member of staff told us, "I love it, it's been a blessing for me working here." The same staff member said of their line manager, "They are very good, they have taught me a lot. They are very helpful with the residents." Another staff member said, "(Deputy manager) is a nice person, they are supporting us, they are always teaching new things." People told us they liked the staff, one person said, "I am happy (because I like the staff)." Another person said, "Yes, I do like living here, I don't have any problems with anyone (staff)."
- Risk assessments were person-centred, based upon the risk's individuals faced. Which helped to achieve

good outcomes for people.

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

- The provider was aware of their legal responsibilities and had systems in place to address when something went wrong. For example, accidents and incidents were reviewed to see how the risk could be reduced of similar incidents re-occurring and complaints were addressed.
- Relatives had mixed views about whether they were kept informed about significant incidents. One relative told us, "Mostly yes, I'd say yes." when asked if the provider told them about any accidents, falls or illness. However, another relative said, ""I phone up and ask them (how their relative is). They mix up my phone number, no consistency in communication. I've had this phone for three years, they say they don't have my number."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Managers and staff were clear about their roles. There was a registered manager in place. They were also registered as the manager of another care home run by the same provider. A deputy manager was in place to provide support with the day to day running of the service. Staff were aware of lines of accountability and who their line manager was.
- The provider was aware of their regulatory requirements. For example, employer's liability insurance cover was in place in line with legislation and the registered manager was aware of their legal responsibility to notify the Care Quality Commission of significant events.

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

- The provider engaged with people. Monthly meetings were held for people living at the service. The most recent meeting in June 2022 included discussions about the menu, health and any concerns people wanted to raise. A person told us, "We have residents' meetings once a month. We talk about, 'Do they (staff) treat you nice, are you happy, are you happy with the food', that's what they (staff) say." Relatives told us they had contact with the registered and deputy managers. One relative said, "Yes I know (who the managers are), I have phone calls (with them). Yes, I think they do (listen)."
- Monthly staff meetings were also held, the most recent of these included discussions about medicines, safeguarding adults and staff training. The registered manager was only recently appointed to the role, becoming registered with CQC on 25 May 2022. They told us they planned to introduce surveys for people, relatives and staff to seek their views about the service. They told us they planned to implement these surveys by the end of August 2022.
- Equality characteristics were considered. However, we saw that the staff application form used by the provider asked applicants about their marital status. We discussed this with the registered manager who consulted senior staff within the organisation during our inspection. Before we left they were able to show us a revised staff application form that did not ask this question and was in line with good practice in relation to equality and diversity.

Working in partnership with others

- The provider worked with other agencies to develop best practice and share knowledge. The deputy manager told us they had good relationships with other agencies involved in supporting people who used the service. A social worker who worked with the service had written to the deputy manager, "I was very impressed with the quality of care plans and other documents you sent me. They contained a lot of detail and were very person centred."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person had failed to establish effective systems of processes to assess, monitor and improve the quality and safety of the service provided, in relation to staff recruitment practices and medicines management. Regulation 17 (1) (2) (a) (d) (l)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered person had failed to establish effective recruitment procedures. They had not always obtained satisfactory evidence of conduct in previous employment relating to health or social care. Regulation 19 (2) (3) (a) Schedule 3 (4) (a)</p>