

Lotus Home Care Limited

Lotus Home Care Wakefield

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Lotus Home Care Wakefield is a domiciliary care agency providing personal care to people living in their own homes. At the time of our inspection the service was providing personal care to 115 people, this included older people, people living with dementia and physical disabilities.

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

Risks to people's safety were not always adequately assessed. There were enough staff to meet people's needs safely, but not always to achieve consistency for people.

People and their relatives consistently told us they received safe care. Staff knew how to recognise and report abuse. Staff were trained to administer medicines safely and were assessed regularly to make sure they were competent. People were protected from the risk of infection and they told us staff wore PPE in their homes.

Staff received regular supervisions and ongoing training, to ensure they had the right knowledge to support people effectively. 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. People spoke positively about the care they received from staff.

The provider regularly sought feedback from people and input from staff, which was analysed by the registered manager in order to continuously drive improvement. The provider had robust governance arrangements in place, to assess the quality of the service.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 29 September 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

Why we inspected

We carried out an announced focused inspection of this service on 16 March 2021. Breaches of legal requirements were found in respect of safe care and treatment, good governance and staffing. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check to check whether the Warning Notices we previously served

in relation to Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations 17 and 18. However, the provider remained in breach of regulation 12.

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 changed from inadequate to 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 Home Care Wakefield on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to safe care and treatment at this inspection.

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

Follow up

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?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Lotus Home Care Wakefield

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

This inspection was carried out by two inspectors and two Expert by Experiences. 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 houses and flats.

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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 23 May 2022 and ended on 15 June 2022. We visited the location's office on 23 May 2022. We spoke with people and their relatives on 25 May 2022. We spoke with staff on 25 and 30 May 2022.

What we did before the inspection

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

from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 spoke with 11 people who used the service and nine relatives about their experience of the care provided. We also spoke with 12 members of staff including, the registered manager, the quality and compliance manager, the care manager and nine care assistants

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment, training and staff supervision.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at a variety of records relating to the management of the service, including policies and procedures.



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 inadequate. At this inspection the rating has changed to 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.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to put in place robust systems to demonstrate risks to people were assessed and effectively managed. This was a breach of regulation 12(1) (2)(a)(b)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- People's care records included assessments of specific risks posed to people, however they did not always contain detailed guidance for staff about how to support people safely.
- We reviewed care records for three people and found risks associated with moving and handling had not been adequately assessed. For example, one person's care plan referred to the use of a hoist, but the risks associated with its use had not been assessed and there was no guidance for staff on how to use it. We found risks associated with bed rails, choking and catheter care had not been adequately assessed for two people.

Systems had still not been established to ensure risks to people were assessed and effectively managed. This was a continued breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager responded immediately during and after the inspection. They confirmed care records had been reviewed and risk assessments updated, to contain appropriate guidance for staff on how to support people safely. We saw evidence of this after the inspection.

Staffing and recruitment

At our last inspection the provider had failed to put in place robust systems to demonstrate safe staffing levels. This was a breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The provider used safe recruitment practices. Staff personnel records contained the appropriate background checks.
- There were enough staff employed to meet people's needs safely, although not always to achieve good consistency of staff attendance for people. Records demonstrated calls were being attended, but staff told us they worked long hours, and breaks and travel time were not accounted for.
- Feedback from people and their relatives regarding staffing levels was also mixed. Comments included, "Nine times out of ten, [staff] are on time", "There are three carers that [relative] sees most of the time and they know [relative] well.", "They never let us down, they will let me know if they might be late", "The timing is not good at all" and "It would be better if they had more carers and a better, more organised rota."
- The registered manager had a system in place to monitor the timeliness of calls, to ensure travel time was appropriate and calls were not missed. This was discussed during daily meetings with office staff and monitored throughout the day by an allocated staff member.

Systems and processes to safeguard people from the risk of abuse

- The provider had appropriate systems in place to safeguard people from the risk of abuse.
- People and their relatives told us the service was safe. Comments included, "The service is very safe. It's just the friendly way [staff] go about things", "I think it's safe. We have a laugh and [staff] put me at ease, we get on like a house on fire" and "[Staff] are absolutely brilliant and are a pleasure to have in my house. I feel completely safe with any one of them."
- There was a suitable safeguarding policy in place and staff received training about how to safeguard adults from abuse. Staff were aware of their responsibility to report concerns to management immediately and could identify different types of abuse.
- The registered manager liaised with the local safeguarding authority for advice and support and, when necessary, made referrals to appropriate agencies.

Using medicines safely

- The provider had systems in place to ensure people received their medicines safely.
- Staff responsible for administering medication received training and their competence to manage medicines was assessed during regular spot checks.
- People were happy with the support they received with their medication and records demonstrated people received their medication as prescribed.
- Medicines administration records were largely completed correctly. Any issues had been identified and addressed through the provider's medicines audit process.

Preventing and controlling infection

- There were systems in place to support staff to control the spread of infection.
- Staff had access to personal protective equipment (PPE), which they used and disposed of appropriately. People consistently told us staff wore PPE when supporting them. One person told us, "The staff are polite and wear a uniform, a mask, gloves and an apron."

Learning lessons when things go wrong

- Accidents and incidents were managed appropriately. Staff knew when and how to report accidents or incidents, which resulted in appropriate action being taken.
- The registered manager completed a range of audits on a monthly basis, which were analysed for themes or trends. This information was used to help make continuous improvements to the safety of the service.

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. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to their support commencing and their preferences for how they would like their needs to be met were recorded. Outcomes for people were identified and their care and support were reviewed.
- Care records we reviewed contained people's preferences, likes and dislikes, life histories and backgrounds, as well as their religion.

Staff support: induction, training, skills and experience

- Staff were supported to develop skills, knowledge and experience to deliver effective care. This was done through regular supervisions, spot checks to review staff practice and appraisals.
- Staff were supported with ongoing training in appropriate subject areas, including moving and handling, medication and first aid. Compliance was monitored via a matrix to ensure training was completed in a timely manner.
- New staff underwent a structured induction which covered a mandatory training programme, including the Care Certificate. This is an identified set of standards that health and social care workers adhere to in their daily working life.
- People consistently told us they were supported by well trained staff. Comments included, "I think they are all trained well enough for the job in hand", "I think they are all well trained" and "I do think that all the carers are trained and even the new ones seem to know what to do."

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

- Not everyone required support with eating and drinking. People that did were happy with the support they received with food and drinks. One person told us, "[Staff] help me with breakfast and dinner. They will ask me what I want."
- Care records we looked at sufficiently detailed people's needs around nutrition and hydration, including their personal preferences.

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

- Staff monitored people's health and wellbeing.
- People and relatives consistently told us that staff supported people to access healthcare services, when necessary. Comments included, "I had a bad knee and I started trembling really badly this morning. [Staff member] called the doctor, who is coming now to see me", "Last week my legs were swollen and [staff] insisted on calling the doctor, the doctor got to the bottom of it and prescribed the right medicines" and

"[Staff] called an ambulance for [my relative] and called me immediately."

- Care records showed health and social care professionals were involved in people's care and support and appropriate referrals were made.

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 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 when this is in their best interests and legally authorised under the MCA.

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.

- People were supported in accordance with the principles of the MCA.
- Care records we looked at demonstrated that where required, people's capacity to consent to their care had been assessed and best interest decisions were made.
- Staff had a good understanding of the principles of the MCA. People consistently told us staff sought their consent before providing support. One person told us, "[Staff] are polite and ask permission before attempting to help me."

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 inadequate. At this inspection the rating has changed to 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; Continuous learning and improving care

At our last inspection the provider had failed to put in place robust systems to assess, monitor and improve the service and management oversight was not evident over key aspects of the service. This was a breach of regulation 17 (1) (2)(a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance.

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

- Systems had still not been fully established or embedded, to ensure risks to people were assessed and effectively managed. Audits of care records were taking place on a monthly basis, but they failed to identify the issues we found with risk assessments at this inspection. We brought our concerns to the attention of the registered manager, who responded swiftly and took appropriate action to rectify the issues.
- The registered manager, management team and staff were motivated about their roles and understood their responsibilities.
- The provider had implemented a comprehensive program of audits since the last inspection, that took place on a monthly basis. An action plan was used to monitor completion of areas identified for improvement. The registered manager also completed checks on the quality of care on a daily, weekly and monthly basis. This helped assess the quality of the service and identify any areas for improvement, which they then acted upon.
- The provider used an electronic care management system to enable close monitoring of the care being delivered, as it produced alerts which allowed the service to respond quickly. For example, if there was a delay in a staff member attending a call.
- The registered manager knew when to notify CQC of certain incidents and understood their regulatory commitments.

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

- People and relatives spoke positively about the support they received from staff. Comments included, "[Staff] are brilliant and I would highly recommend them", "[Staff] really do care and always talk to me about

my care. I get very good care and just what I need to survive on my own" and "[Staff] are fantastic, they are amazing."

- The provider engaged with people and their relatives on a regular basis through satisfaction surveys and regular reviews. The registered manager told us they analysed the data from the surveys, as well as the quality team. We reviewed records which showed recent feedback was largely positive, but any concerns identified were acted on. For example, the registered manager carried out home visits to people to ensure they were happy with the service they received.
- Staff spoke positively of the support they received from the registered manager. Comments included, "[Registered manager] is doing a sterling job. You can see he is trying to turn everything round. He says to contact him if we're struggling. He does his best to get the answers to us" and "[Registered manager] is a fantastic manager, who tries his best for everyone."
- We received mixed feedback from the staff regarding the culture of the service. Some staff reported morale was low and indicated communication with the office needed to improve, as well as the organisation of rotas. Comments from staff included, "Staff are brilliant, but the office is a bit disorganised. I think it would run so much better if they could put people on set runs" and "[Staff] are always complaining regarding lack of travel time and adding of calls without asking. The office [staff] just changes the rota whenever they feel like it and don't ask. Morale is quite low." We fed this back to the registered manager, who intended to review lines of communication and ways to improve staff morale.
- The provider involved staff through team meetings, monthly satisfaction surveys as well as one-to-one staff supervisions. We received mixed views from staff regarding whether action was taken to improve the service based on their feedback. Records showed the registered manager acted on any concerns fed back by staff on a monthly basis.

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 honest when things had gone wrong.
- There was a suitable system in place to manage this and the registered manager worked closely with the local authority, to share information, where necessary.
- Records we looked at showed the registered manager had reported events to the CQC as required.

Working in partnership with others

- The management team had established good working relationships with a range of professionals, commissioners and other organisations.

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
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems had still not been established to ensure risks to people were assessed and effectively managed.