

Lotus CCS Ltd

Lotus Community Care Service

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Lotus Community Care Service is a domiciliary care agency providing personal care and support to people in their own homes. At the time of the inspection the agency was supporting four people. Not everyone who used the service received personal care. The Care Quality Commission can only inspect the service received by people who get support with personal care. This includes help with tasks related to personal hygiene and eating. Where people receive such support, we also consider any wider social care provided. Only one person was receiving personal care. The provider also operated a supported living service for three people with mental health needs who did not receive personal care.

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

Relatives told us they felt people's care was safe, caring and met their needs. However, the provider had not always assessed risks to people's health and well-being or done all that was reasonably practicable to reduce those risks.

There were some quality monitoring processes in place, but these had not always been effective as they had not enabled the provider to identify and address the issues we found. The provider did not always manage records about the service and people's care appropriately. The provider had not always followed safe recruitment processes to help make sure they only employed suitable staff.

Staff received an induction, training and supervision, but the provider did not always maintain suitable records to evidence staff training was taking place.

People received personalised care, but their care plans did not always sufficiently recognise and reflect their needs and the care they received.

People were supported by staff who spoke their first language and were familiar with their culture. Relatives were consulted and involved in people's care arrangements. There were processes in place for handling and learning from complaints, incidents and accidents.

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 information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Last rating and update

This service was registered with us on 10 October 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 found breaches in relation to safe care and treatment, recruitment, care planning and good governance at this inspection. Please see the action we have told the provider to take at the end of the full version 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 effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 Community Care Service

Detailed findings

Background to this inspection

Inspection team

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 was carried out by one inspector.

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 36 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since it registered with us. We used the information the provider sent us in the provider information return. 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 of this information to plan our inspection.

During the inspection

Inspection activity started on 19 April 2022 and ended on 27 April 2022. We visited the location's office 21 April 2022. We spoke with the registered manager and one member of staff. We viewed a range of records relating to people's care and the management of the service. This included the person's care and risk management plans and care records. We saw two staff files in relation to recruitment, training and supervision. We viewed a variety of records relating to the management of the service, including meeting records and procedures.

After the inspection

We requested further evidence and continued to seek clarification from the provider to validate the evidence we found. We spoke a relative of the person who used the service and a care worker.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. We have rated this key question 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

- Risks to people's safety and wellbeing were not always assessed, monitored and managed so they were supported to stay safe. Risk management plans did not effectively assess and manage risks to the person and staff presented by the person's mobility and swallowing needs.
- One care worker visited the person each time to provide their care. Care records indicated a healthcare professional had advised the person may require help from two people to mobilise safely. The registered manager stated they had discussed this with the person's family but they had not reviewed or re-assessed the person's mobility support to ensure one care worker could manage this safely. Also, the person's initial care plan from the year before we visited stated the provider had completed a 'falls risk assessment' but the registered manager could not provide evidence of this.
- Care records showed the person required thickener to be added to drinks so they could swallow liquids safely and the registered manager said staff used this when preparing their drinks. While their care plan noted they had some difficulty swallowing there was no reference to using the thickener or guidance for staff on using it safely. A relative reported no concerns with how the thickener was being used.
- The care plan advised staff to make sure the person's home environment was safe while supporting them to mobilise. However, the provider had not completed a risk assessment of the person's home environment to make sure it was safe for staff to provide the care being asked of them.

We found no evidence people had been harmed but these issues indicated risks to people's safety were not always assessed, monitored and managed so they were supported to stay safe. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed these concerns with the registered manager who acknowledged these issues and stated they would update the person's care and risk management plans accordingly.

Staffing and recruitment

- The registered manager had not always operated suitable recruitment processes to make sure they only offered roles to fit and proper applicants. This is because the provider had not always completed required recruitment checks to make sure they only offered roles to fit and proper applicants.
- Records showed the provider had not sufficiently established a reasonable account of a care worker's prior employment history or obtained a recorded reference from their previous employer. Also, while they had viewed a Disclosure and Barring Service (DBS) check from the worker's previous employment, they had not obtained a more recent check nor completed a Barred List Check for this worker. These checks

provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

We found no evidence people had been harmed however, these issues showed there was a risk to people may receive care from staff who were not suitable for the role. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed this with the registered manager so they could make improvements and we signposted them to safe recruitment guidance. They responded promptly and obtained a reference from the care worker's previous employer. We saw they had completed appropriate employment checks with another care worker.
- Service records indicated and the person's relative confirmed that the person was visited by the same staff. This meant they had an opportunity to develop trusting relationships with the staff supporting them.
- Staff were usually on time and they called the person's family to let them know if they were running a little late. A relative told us the staff stayed for the full time of the care visits.

Systems and processes to safeguard people from the risk from abuse

- The provider had safeguarding policies and processes in place to protect people from the risk of abuse.
- Relatives we spoke with said they felt the person was safe with their care worker. Staff had received training in safeguarding adults and staff we spoke with told us how they would respond to safeguarding concerns, including reporting these to statutory agencies.

Using medicines safely

- Staff did not support the person to take medicines at the time of our inspection as their family helped them with this.
- We saw the provider had systems to implement for supporting other people with their personal care and prescribed medicines safely in the future. These included medicines administration records and policies and procedures and accessing staff training.

Preventing and controlling infection

- There were processes in place to for preventing and controlling infection. The provider gave staff information and training on infection prevention and control and COVID-19.
- The provider supplied staff with personal protective equipment (PPE) so they could support people safely. Staff were completing weekly lateral flow tests to identify if they had contracted COVID-19. This was in line with Government guidance for homecare staff at the time of our inspection.

Learning lessons when things go wrong

- The provider had a system for responding to and recording incidents and accidents.
- The registered manager noted there had been no reported incident when providing care to the person. However, they explained their process for recording and reviewing incidents and identifying learning from when things might go wrong so as to improve 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.

This is the first inspection of this newly registered service. We have rated this key question requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support, training, skills and experience

- The provider could not always demonstrate that people were visited by staff who were suitably trained and supported to enable them to carry out their role.
- Service records indicated that some staff had completed an induction and training programme, but not for a care worker who had started working with the person in the month before our inspection. For example, the registered manager could not demonstrate that the staff member was working to complete training to become competent in their role in line with the Care Certificate. This is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- We discussed this with the registered manager who explained they could not evidence such training. They said they were supporting the care worker to complete this but it was not recorded.

This indicated systems were either not in place or robust enough to demonstrate that the management of service records were effectively managed. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The care worker said they were completing training and managers were helping them with this. The person's relative told us they had no concerns about staff competence. They said this care worker was "doing well" and had received support and "a really good transition of care" from their colleague so they understood how to support the person.
- Other staff had completed a range of training that included dementia, mental capacity awareness, moving and handling, health and safety, and duty of care.
- The registered manager held regular supervision sessions with staff to discuss their roles and performance. A member of staff said these were helpful and felt supported by the manager.

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

- The provider assessed the person's care support needs to decide if the service could support them safely and effectively. Staff consulted the person's family for this assessment and this informed the person's initial care plan.
- The person's care plan included aspects such as the person's mobility, communication, medicines, personal care and hygiene support requirements. This considered people's protected characteristics under the Equalities Act 2010, such as their age, gender, religion, and ethnicity.

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

- The person's relatives prepared their meals for them at the time of our inspection. Staff only supported the person to eat their breakfast and the person's relative had no concerns regarding this care.
- The person's plan noted their breakfast preferences. The care worker we spoke with demonstrated they understood these and the person's morning routine, such as the order in which they liked their drinks.

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

- The person's family were responsible for managing the person's healthcare needs and liaising with healthcare professionals about these. A relative, however, told us that a care worker had been proactive in reporting to them if they ever felt the person may seem unwell. They said the care worker had also called emergency services for the person in the past when needed.
- There was brief information for staff about the person's health conditions in their care plan.

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 being supported in line with the principles of the MCA.
- The provider had assessed if the person lacked the mental capacity to consent to their planned care arrangements. They consulted with the person's family when making and reviewing the arrangements.
- Staff described respecting people's choices about their day to day care. For example, when washing and combing the person's hair.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection of this newly registered service. We have rated this key question good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated well by staff who were caring and supportive.
- We received positive feedback about the care the person received. A relative described staff as, "Very compassionate, very caring. [Care worker's] manner is really good."
- The person's care plan set out some personalised information about their cultural needs, such as their religion, ethnicity, gender and contact information for their family.
- The registered manager told us the service was not currently supporting anyone who identified as LGBT+. 'LGBT' describes the lesbian, gay, bisexual, and transgender community, but they had done in the past. The '+' stands for other marginalised and minority sexuality or gender identities. Staff received training on promoting equality and diversity in their work.

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

- The provider involved the person and their family in assessing their care needs. People's views were included as part of the assessment and review of their care.
- The person's relative explained their family felt very involved in their care. Service records showed the registered manager contacted relatives every three months to enquire as to how they felt the care service was going. This gave them opportunities to make decisions about care arrangements

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's dignity, privacy and independence.
- The person's care plan set out how to promote their choices and independence. For example, helping the person to choose what clothes they wanted to wear.
- Care plan sets out dignity and privacy such as closing doors and curtains. The relative said they felt staff "always" treated their family member with dignity.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection of this newly registered service. We have rated this key question requires improvement. This meant people's needs were not always met in a planned manner.

Planning personalised care

- The person received personalised care to meet their needs, but this was not always managed in a planned way that sufficiently recognised and reflected their needs and the care they received.
- The registered manager, a care worker and a relative told us the person's family were on hand to help staff with the person's care. For example, helping to move their wheelchair, or to mobilise with staff, or support if the person became distressed or confused. Whilst this indicated staff enabled the person's family to be involved in their care, this was not described in their agreed care plan. Similarly, the care plan was not always clear that their family supported the person with their prescribed medicines and not staff.
- The registered manager told us they had reviewed the person's care arrangements with their family, but this had not led to a review or update of the person's plan.
- These issues meant the person's care plan did not always reflect the care they received. We discussed this with the registered manager who acknowledged that the care plan needed updating and they would do this after our inspection.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The person's care plan did also provide some personalised details about their care. For example, the order in which they liked to have their drinks and the cutlery they preferred to use.
- A relative told us, "We are really pleased with the personalised care and approach from [the care worker]".

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service supported people to meet their communication needs.
- The care plan identified the person's communication issues and how staff should speak with them.
- The provider had ensured care staff could speak the same first language as the person, who did not speak English. A relative told us their family really appreciated this.

Improving care quality in response to complaints or concerns

- The provider had systems in place for responding to complaints. The registered manager told us they worked to "nip in the bud" any issues before they became a complaint.

- People's relatives knew how to make a complaint or raise a concern and felt they would be listened to.

End of life care and support

- People were not receiving end of life care at the time of our inspection. The registered manager explained how they would work with a person's family and healthcare professionals to review their care to meet the person's needs and understand their wishes.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection of this newly registered service. We have rated this key question 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

- The provider did not always operate effective systems for monitoring and improving the quality of the service. Whilst the registered manager carried out some checks, these had failed to enable them to identify and address the areas for improvement we found.
- The registered manager had not conducted any assurance visits to check on the quality and competency of the care workers' care. They said they had not done so due to the family's concerns about COVID-19. However, they then stated they had not actually discussed such visits or concerns with the person's family. They also had not recorded any assessment to inform their decision-making to not conduct such assurance visits.
- The registered manager had not always ensured they maintained accurate, complete and contemporaneous records of people's care and the management of the service.
- Records of daily care from the four weeks prior to our visit documented that the person was visited by a care worker the registered manager stated was not in the country over that time. The registered manager was not always clear if or how other records relating to the management of the service were accurately maintained. For example, they told us they did not make records of periodic calls to the person's family for feedback but later produced such records.

These issues indicated systems were either not in place or robust enough to demonstrate the safety, quality and monitoring of service records were effectively managed. This placed people at risk of harm. This was another breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed these issues with the registered manager and they said they would contact the person's family to discuss quality assurance visits and set up a new auditing system.
- The registered manager had called the person's relatives periodically to see if they were satisfied. The relative told us the person's family were "really happy" with the care provided. Service records indicated the registered manager met monthly with the person's care worker to discuss the service and the person's care needs. This enabled the registered manager to get some feedback regarding the quality of the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves 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 registered manager explained how they worked to promote a positive culture for their services and stated, "I wanted to give back to society." A member of staff told us, "I feel [I am] being good to my community supporting these people."
- Staff and relatives spoke positively about their experiences working with the service. Staff said they liked working for the provider. They said they found the registered manager was helpful and treated them well.
- A relative told us, "It's been good" and described the person's care as "so holistic [and] very proactive".
- The registered manager was aware of their duty of candour responsibilities. They also acknowledged and were responsive to the issues we found at this inspection.

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

- The person's family felt involved in their care and that they would be listened to if they needed changes to be made. For example, the registered manager had accommodated their request to change the time of the care visits. A relative told us the care worker who regularly visited the person always kept the family informed and meaningfully involved in the care commenting, "There is really good communication there."
- The provider had engaged care workers who were familiar with the person's language and culture. The registered manager told us, "You have to match the staff [to the person] to provide person-centred care."

Working in partnership with others

- The person's family managed their involvement with other health and social care agencies. Staff, particularly the person's main care worker, worked in partnership with the person they supported and their relatives to plan and deliver personalised care.

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 9 HSCA RA Regulations 2014 Person-centred care The registered person did not ensure that service users received care and treatment which was appropriate, met their needs or reflected their preferences.
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not ensure care and treatment was always provided in a safe way for service users.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person was not always effectively operating systems and processes to assess, monitor and improve the quality and safety of the services provided in carrying on the regulated activity
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered person was not always operating robust recruitment procedures to ensure that it employed fit and proper persons for the purpose of carrying on the regulated activity

