

Lotus Home Care Limited

Lotus Home Care Goole

Inspection report

The Courtyard
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Goole
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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 caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Lotus Home Care Goole is a domiciliary care agency providing care and support to people with a range of support needs living in their own homes. There were 58 people being supported with personal care at the time of our inspection. We reviewed regulated activity provided from the Lotus Home Care Goole office. The provider advised they also have a satellite office in Beverley. CQC believe this is operating as a separate care agency and we are looking at this outside of the inspection process.

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:

People received care from staff who were trained and caring in their approach, but some improvement was required to make call times more consistent for people. The provider was aware and working to address this. Safeguarding systems needed to be more robust to ensure all issues were consistently investigated and dealt with in line with policies. The provider's policy in relation to COVID-19 needed updating to reflect current guidance, and the provider agreed to address this.

Staff received induction, spot checks and supervision, but we received mixed feedback which showed work was required to improve the culture within the service, so that all staff felt supported and risks to staff were appropriately assessed. There was no registered manager at the service, which is a condition of the provider's registration. A new manager had recently started and they planned to apply to register with CQC. They demonstrated commitment to making required improvements.

There was a quality assurance system in place, including audits, spot checks and quality assurance surveys. These processes had not identified and addressed some of the issues we found during the inspection. Improvement was required to make sure these systems were more effective, and to ensure all feedback and issues were addressed consistently and promptly. We have made a recommendation about the management of complaints.

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. Staff sought people's consent to the care they provided.

People were supported with their health and nutritional needs and staff worked alongside other health professionals to meet people's needs where required. People confirmed they received appropriate support with their medicines and responsive action had been taken by the provider when errors had been identified.

There were detailed care plans in place which helped staff provide care in line with people's needs and

preferences. Staff understood people's care needs, likes and dislikes.

People's privacy and dignity was respected and people told us staff promoted their independence and safety. People confirmed they would feel comfortable raising any concerns.

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

Rating at last inspection:

This service was registered with CQC on 8 July 2019 and this was the first rated inspection of the service.

Why we inspected

This was a planned inspection based on the provider's registration. The inspection was also prompted in part due to concerns received about management, medicines and staffing. A decision was made for us to inspect and examine those risks.

We found evidence that the provider needs to make improvements in some areas. Please see the safe and well-led sections of this full report.

The provider started action straightaway to address the concerns identified.

Enforcement

We have identified a breach at this inspection in relation to governance. You can see what action we have asked the provider to take at the end of this full 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Lotus Home Care Goole

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. This inspection was planned to check 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 Care Act 2014.

Inspection team

The inspection was conducted by one inspector and an Expert by Experience. 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 home. The service did not have a manager registered with CQC. A registered manager 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.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to ensure staff would be available at the office to assist.

Inspection activity started on 8 April 2021 and ended on 26 April 2021. We visited the office location on 12 and 19 April 2021.

What we did before the inspection

We reviewed information we had received about the service since their registration. This included information from the provider and from other sources. We requested feedback from the local authority who contract with this service. We used all this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

The provider submitted a range of documentation prior to the first office visit. We then visited the office twice and spoke to care staff over the telephone in between the site visits. We also reviewed information submitted to CQC from care staff. The Expert by Experience spoke with people and relatives over the telephone to gather their feedback on the service. We spoke with nine people who used the service and two relatives over the telephone. We spoke with eight staff, including the regional manager, manager, a care co-ordinator and five care workers. We also received email feedback from two care workers.

We looked at records related to people's care and the management of the service. We viewed seven people's care records, three staff recruitment and induction files, training and supervision information, and records used to monitor the quality and safety of the service.

After the inspection

We continued to review evidence from the inspection and sought clarification from the provider to validate evidence found.

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 for this newly registered service. This key question has been rated 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.

Systems and processes to safeguard people from the risk of abuse

- People were at increased risk of harm because systems were not sufficiently robust to ensure all safeguarding allegations were consistently and appropriately managed.
- There was a safeguarding policy in place and some incidents had been referred to the local authority safeguarding team. However, there had been two incidents over the previous six months where there was a lack of evidence to show the allegations had been appropriately managed or that consideration had been given as to whether a safeguarding referral was required.
- Staff understood the signs of potential abuse and knew to report any concerns.

Preventing and controlling infection

- The provider had an infection prevention and control policy and COVID-19 policy, but the COVID-19 policy was not up-to-date or reflective of current guidance. They agreed to review this straightaway.
- The manager had recently started monitoring whether staff had completed regular COVID-19 tests. Compliance with staff reporting their test results to the office was low, and improvement was required to ensure the provider could be certain all staff were testing regularly in line with national guidance.
- The provider took action to develop risk assessments for staff at higher risk from COVID-19, following our feedback.
- Staff had been kept updated about changes in guidance in relation to the COVID-19 pandemic and had received training in infection prevention and control. They could explain how to use personal protective equipment (PPE) safely and confirmed they always had sufficient access to PPE.
- People told us staff always wore PPE and washed their hands regularly.

Staffing and recruitment

- People's care and support was not always provided at the times they wanted or needed. Some people were satisfied that carers arrived when expected, but two people and one relative were frustrated about the inconsistency of call times. Records confirmed inconsistency in the scheduling of people's regular visits.
- The manager was aware of this issue and work was underway to review rotas and schedules to improve this.
- Appropriate recruitment checks were conducted to ensure applicants were suitable to work with vulnerable people.

Using medicines safely

- People were satisfied with the support they received with their medicines.

- The provider had reviewed call visit times, to make sure there was sufficient time between medication doses for some individuals. Responsive action had also been taken when errors had occurred.
- Staff received training and checks of their competence in relation to the administration of medicines. They were aware of the importance of allowing enough time between doses and recording when medicines were given.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

- The provider assessed and reviewed risks to people's safety and wellbeing.
- Staff understood where people required support to reduce the risk of avoidable harm.
- People felt safe with the staff who supported them. Comments included, "They always check I'm wearing my lifeline (sensor equipment)" and, "I'm more secure knowing they will come each day."

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 for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 Act 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.

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Care plans contained information about people's capacity to consent to their care.
- Staff sought people's agreement before providing care. People had signed (or given verbal agreement to) their care plan.
- The provider recorded where people had a Lasting Power of Attorney in place, but they did not routinely seek evidence of this. The provider agreed to request this moving forward, so they could be sure people had the appropriate authorisation to make decisions on people's behalf, should this be required.

Staff support: induction, training, skills and experience

- Staff received an induction and training to prepare them for their role. As part of their induction they spent time shadowing other staff before working independently. Virtual training had been introduced during the pandemic, whereby staff received guidance and induction training on-line.
- Staff were generally satisfied with the training they received and were knowledgeable about people's needs.
- Staff received supervision and periodic spot checks, to assess their on-going competence.
- People felt staff were competent. One person told us, "Yes, they are well trained. If there is someone new, they come with another member of staff who shows them what needs to be done."

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

- People's needs were assessed before they were offered a service and their care and support was regularly reviewed.

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

- Staff supported people with meal preparation, where this was required.

- Information about people's nutritional requirements was available in their care plan and staff recorded the meals and drinks they prepared for people.
- People were satisfied with the support they received in this area. One person told us, "Carers help me with food preparation. Sometimes they bring something they have made at home, which is lovely." Another person told us, "[Care staff] cook what I want and what I ask for."

Supporting people to live healthier lives, access healthcare services and support; Staff providing consistent, effective, timely care with and across organisations

- Care files contained information about each person's health needs, so staff knew of any health concerns which may impact on their care.
- Staff reported any changes they observed in people's health and well-being. One person told us, "A carer rang my GP for me, and they were here within the hour. The carers knew I was poorly so called the doctor."
- Staff worked with other healthcare professionals where required.

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 for this newly registered service. This key question has been rated 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; equality and diversity

- People provided generally positive feedback about care staff. Their comments included, "Carers do talk to me nicely. We can have a laugh together" and, "They're all really friendly. They are lovely and seem to care." One relative told us, "The carers are absolutely lovely. They do an excellent job."
- Feedback showed the consistency of approach could be better for some people. One relative said, "Some carers are caring and kind, and some just seem to want to get their jobs done as quickly as possible and go."
- Most people told us they had a fairly regular team of care staff, but the provider was working to improve this further and reduce the number of different care staff attending each person and improve the consistency of call times.
- The provider had an equality and diversity policy. Information such as gender, ethnicity and religion was recorded in people's care plans. Staff were able to describe people's faith needs and the importance of respecting their preferences.

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

- People were involved in the initial assessment of their care needs and reviews of their care.
- People were not routinely sent a copy of their planned visits for the week or who would be attending each call, but could request this information if they wanted it.
- Care staff encouraged people to make choices and followed their wishes.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's privacy and dignity.
- Staff described how they provided support to maintain people's comfort and dignity when providing support with personal care and hygiene tasks.
- Staff put people at ease. One person told us, "Staff are very respectful. We have a bit of a laugh, which eases any embarrassment if I'm having a shower."
- Staff promoted people's independence and tailored their support according to people's needs. One person told us, "The carers know I like to be independent and just helping me into my wheelchair means I can do things for myself."

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 for this newly registered service. This key question has been rated good. This meant people's needs were met through good care delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans contained information for staff about people's needs and preferences. These were reviewed and updated when people's needs changed.
- People confirmed they had a copy of their care plan in their home, so staff had access to information about how to support them. One person told us. "I have a big folder with all the details in it. Carers write in it every time they call. I'm sure they are doing everything they are meant to do."
- Staff recorded information about the care they provided, so that the manager and co-ordinators could check that care was provided in line with people's care plan.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy, so people knew how they could expect any concerns to be dealt with.
- Whilst records showed that formal complaints had been investigated and responded to, the way informal concerns and issues were recorded within individual care records made it difficult to monitor for any trends or recurrent issues. The manager agreed to review this, in order to maximise learning from all issues raised.
- People felt comfortable raising any concerns. One person gave an example of an issue they had raised that had been resolved. However, one relative told us they were currently awaiting a response to a number of issues they had raised. Another complaint was on-going at the time of our inspection and an agreed action from this complaint had not been completed straightaway.

We recommend the provider reviews their management of complaints to ensure all issues are responded to promptly and in line with policy and best practice.

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information about people's communication needs was recorded in their care plan. This was available to share with other services if required.
- Care plans included whether people preferred to receive information in standard print, large print or braille.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The COVID-19 pandemic had impacted on opportunities to support people with community based social activities, but staff provided companionship on their visits. People told us staff chatted to them when they visited and staff provided an example of people accessing faith activities on-line.

End of life care and support

- The provider had an end of life care policy.
- There was limited information in care plans about people's advanced wishes in relation to end of life care, but the management team understood the importance of offering people the opportunity to discuss and share any preferences in this area. They agreed to promote opportunities for people to discuss their preferences, where people wished to, and record this information.
- When required, staff worked alongside healthcare professionals, such as the community nursing team, to ensure people were comfortable and pain free.
- Staff demonstrated compassion when describing the support they provided with end of life care.

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 for this newly registered service. This key question has been rated 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

- Improvements were required to the quality assurance process and understanding of regulatory requirements.
- Two notifications were not submitted to CQC in a timely way. The provider sent these retrospectively following the inspection. An issue relating to the provider's registration is being looked at outside the inspection process.
- There was no registered manager for the service, which is a condition of the provider's registration. There was a new manager in post, who had been appointed shortly before our inspection and intended to commence their registration application. They were responsive to feedback from the inspection and demonstrated commitment to making the necessary improvements.
- The provider had a quality assurance system. This included auditing care plans, care delivery and medication records, plus a variety of service compliance checks. However, the systems in place had not identified and addressed some of the issues we found during the inspection, such as policies which required updating, recording of actions taken in response to feedback and concerns and consistency of safeguarding processes. Plus, the requirement for more robust assessment of risks to staff, including COVID-19, pregnancy and ensuring adequate rest breaks.
- People had opportunity to provide feedback about the service in quality assurance checks and surveys. However, there was no analysis conducted of the themes arising from these surveys and some feedback had not been acted on promptly.

The failure to operate effective quality assurance systems and properly assess, monitor and mitigate risks was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider started work to address these issues following our feedback. The manager also agreed to review all the surveys to check any outstanding requests or actions had been completed.

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

- Improvement was required to promote a more positive culture where all staff felt valued and listened to.
- Whilst some staff were positive about the support they received, other staff told us issues they raised were

not always effectively dealt with or they would not feel comfortable raising them.

- Care staff could raise issues in supervision sessions and the provider had recently conducted a survey to seek staff feedback. However, there had been limited opportunity for staff meetings over recent months due to the pandemic. We were advised there had been some virtual staff meetings arranged, but most staff were unaware of these. The management team planned to start face to face meetings again as soon as this could be done safely.

Working in partnership with others

- Staff worked with other organisations and healthcare professionals to meet people's needs.

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 manager was aware of requirements in relation to the duty of candour.

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 17 HSCA RA Regulations 2014 Good governance The Provider had failed to operate effective quality assurances systems and properly assess, monitor and mitigate risks relating to the health, safety and welfare of staff.