

Lotus Home Care Limited

# Lotus Home Care

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on the 25 and 26 April 2017 and was announced. The provider was given short notice of the visit to the office. This was because we needed to be sure key staff would be available at the office.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Lotus Homecare is an agency providing personal care to people in their own homes. It predominantly provides the service in the Barnsley areas. At the time of this inspection the service was supporting 35 people with various care needs, from social support to maintaining people's independence with full personal care needs. Visits ranged from half an hour up to four hours for social sits and to give respite to family carers. The frequency of visits ranged from one visit per week to four visits per day depending on people individual needs.

People supported by the service and their relatives spoke very positively about Lotus Homecare. They told us they felt (their family members) were safe with the care staff from Lotus Homecare, and staff were respectful. People told us the support provided met their needs and the care staff were kind, caring and polite. People spoken with said despite having initial problems with changes in staff they now had regular care staff. They knew which care staff would be visiting to support them and care staff always arrived when they should and stayed the full length of time agreed.

We found systems were in place to make sure people received their medicines safely.

Staff recruitment procedures were thorough and ensured people's safety was promoted. Although there had been a high turnover of staff at the service, there was now a stable staff team in place.

Staff were provided with relevant induction and training to make sure they had the right skills and knowledge for their role. Staff understood their role and what was expected of them. They were happy in their work, motivated and proud to work at the service. Staff were confident in the way the service was managed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Each person had a support plan that accurately reflected their needs and wishes so that these could be respected. Support plans had been reviewed to ensure they remained up to date.

Complaints were recorded and dealt with in line with organisational policy. People supported, and their

relatives or representatives said they could speak with staff if they had any worries or concerns and felt they would be listened to.

There were effective systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to.

People using the service and their relatives had been asked their opinion via surveys and the results of these surveys had been audited to identify any areas for improvement.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People told us they felt safe when they received care. Staff knew how to recognise signs of potential abuse and understood how to report any concerns in line with the service's safeguarding policy.

Risk assessments had been undertaken and included information about action to be taken to minimise the chance of harm occurring to people. The service reviewed incidents and accidents to minimise the risk of them happening again.

Safe staff recruitment procedures were in place. This helped reduce the risk of the provider employing a person who may be a risk to vulnerable people.

### Is the service effective?

Good ●

The service was effective

Staff had received training in safeguarding adults and were confident that any concerns they raised with the service would be addressed

People had a regular team of staff who had the appropriate skills to meet their needs.

Staff knew people well and were able to tell us how they supported people.

### Is the service caring?

Good ●

The service was caring.

People told us staff were caring and compassionate and treated them with dignity and respect.

Staff knew were aware of peoples history, interests what was important to people them and how best to support them.

### Is the service responsive?

Good ●

The service was responsive.  
Care plans were person centred. They described in detail the support the person needed to manage their day to day health needs.

Staff knew people well and responded to people's requests and met their needs appropriately.

People and their relatives felt able to raise concerns or make a complaint if the need arose.

**Is the service well-led?**

**Good** ●

The service was well led.

There was an open culture. Staff spoken with told us the registered manager, deputy manager and senior staff were all approachable.

Records were clear and well organised. A comprehensive audit system was in place to monitor the quality of the service and make further improvements.

The registered manager sought regular feedback from people who used the service to continuously improve the service.  
The service had a full range of policies and procedures available to staff.

# Lotus Home Care

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 24 and 25 April and was announced. The provider was given 48 hours notice. This was because we needed to be sure key staff would be available at the office. The inspection was carried out by an adult social care inspector. At the time of the inspection the service was supporting 35 people with various care needs, from social support to maintaining people's independence with full personal care needs.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. A notification must be sent to the Care Quality Commission every time a significant incident has taken place, for example, where a person who uses the service experiences a serious injury. We had also received a provider information return (PIR) from the provider, which helped us to prepare for the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

At the office we spoke with the registered manager, deputy manager, two care co-ordinators and, three care workers. We contacted one of Barnsley's two contract compliance officers who have responsibility for monitoring the service. They told us that Barnsley Local Authority did not contract with Lotus Homecare however they were approved to provide work for people on a direct payment. We also contacted Healthwatch Barnsley to see if they had any comments about the service. They had received no feedback about Lotus Homecare Barnsley. This helped us understand how the service works in partnership with other agencies.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with three people who used the service and five relatives to gain their views and experiences of the service. We reviewed a range of records about people's care and how the domiciliary care

agency was managed. These included care records for six people, and other records relating to the management of the domiciliary care agency. This included four staff training, support and employment records, quality assurance audits, and minutes of meetings with staff. We looked at the findings from questionnaires and incident and accident reports.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe. Comments included "Oh yes I feel safe with them the girls are polite and helpful and we have a laugh." Another person said "the staff are great, I just want them to carry on caring."

Relatives we spoke with did not raise any concerns regarding the safety of their family member. One relative said "Everybody's really nice, I have no concerns about [my family members] safety, they have all the information they need to keep [my family member] safe." Another relative said, "The staff are good at letting me know if they are worried about my [family member], any health care worries and they let me know straight away."

There was an on call telephone number for people or their representative to ring in the event of an emergency out of hours. Senior staff and management managed the on call system. One staff member commented "If you ring they're available and they always make sure you get updates about peoples care if they change."

Staff were all able to confidently describe to us what they would do in an emergency situation such as if they found a fallen person or could not get an answer at the door. This demonstrated the service had systems in place, which staff were aware of, to deal with emergencies as they arose.

We spoke with staff about their understanding of protecting vulnerable adults from abuse. They told us they had undertaken safeguarding training and would know what to do if they witnessed bad practice or other incidents that they felt should be reported. They said they would report anything straight away to their care co-ordinator or the registered manager. Staff had a good understanding about the whistle blowing procedures and felt that their identity would be kept safe when using the procedures. Whistleblowing usually refers to situations where a worker raises a concern about something they have witnessed at their workplace. Workers are more likely to raise concerns at an early stage if they are aware that there is a whistleblowing procedure.

The registered manager told us that they had policies and procedures to manage risks. Staff understood the importance of balancing safety while supporting people to make choices, so that they had control of their lives

Risk assessments were undertaken to assess any risks to people who received a service.. The purpose of a risk assessment is to identify any potential risks and then put measures in place to reduce and manage the risks to the person. For example, people's care plans contained a risk assessment, which considered a range of environmental risks. The risk assessments included information such as the safety of electrical equipment and whether the temperature of water was within safe limits for assisting people to have baths or showers. The risk assessment recorded whether there were any risks to people associated with their need for administration or assistance with medicines or any infection control concerns. People had moving and handling risk assessments, which contained information about how care workers should support the person when helping them to transfer in and out of chairs and their bed. Risk assessments were proportionate and centred around the needs of the person. The service regularly reviewed the assessments and made necessary adjustments where required.

We found that the recruitment of staff was robust and thorough. This ensured only suitable people with the



right skills were employed by the service. The registered manager was fully aware of her accountability if a member of staff was not performing appropriately. We checked four staff files and found appropriate checks had been undertaken before staff began working for the service. These included two written references, (one being from their previous employer), and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring checks on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

The registered manager told us recruitment and retention of staff had been a problem in the area with a high turnover of staff. People we spoke with told us the high turnover of staff meant they did not always get consistent staff supporting them and this had been a problem, however this had improved. One relative said, "we had a few teething problems at first with different staff, but I told the registered manager about it and she sorted it out straight away. They were very apologetic and we got a letter saying so." The service was actively working to improve staff retention by running a recruitment campaign.

We found there was enough skilled and competent staff to ensure they could safely support people who used the service. Care coordinators had responsibility to ensure staff were deployed to meet the needs of people who used the service. People we spoke with confirmed to us that their care was delivered by only a small group of staff. This meant staff knew the people they were supporting very well.

The service used an electronic roster system 'care planner' to monitor calls and to rota staff support calls. Rotas were sent to staff mobile phones and staff were required to use an application on their phone to scan a barcode when they arrived at a person's home, which alerted the office they had arrived to support the person. The coordinating staff monitored people's calls on a daily basis. The coordinator told us any call, which was half an hour late was considered to be a missed call, and they monitored all missed calls. Most people we spoke with told us generally confirmed staff arrived within the expected half an hour of their expected time frame.

The registered manager told us that the service very rarely had any missed visits. On the few occasions care support workers were going to be late to attend a visit due to unforeseen circumstances such as dealing with an emergency at the previous visit, they telephoned the office. Contact was then made with the person whose visit was going to be delayed in order that they were kept informed. The registered manager gave us an example of learning from a missed call. The registered manager told us they had one missed visit following the discharge of their relative from hospital. We saw clear evidence of the actions the service took to prevent further errors. They acted swiftly once the concern had been identified to them and ensured the person received an apology for the service.

The service had a comprehensive medicines management policy, which enabled staff to be aware of their responsibilities in relation to supporting people with medicines. All staff received medicines management training and a competency check was carried out annually. The daily records and care plans around the management of medicines were accurately completed. The care plan had sufficient detail to ensure people received the support they needed.

We saw that staff managed supporting people to take their medication consistently and safely. We saw care records reflected the degree of support each person needed, and it was clearly recorded if the person could manage their medicines themselves. Staff completed medication administration record (MAR) sheets after they gave people their medicines. This showed people had received their medicines as prescribed to promote good health.

The registered manager told us that staff were provided with personal protective equipment, which enabled

them to carry out their caring duties safely. Supplies were kept in the office and in people's homes. The service reviewed incidents and accidents to minimise the risk of them happening again.

The service had an emergency and crisis plan and a business continuity plan. These gave information on the action to be taken in events such as fire, flood, severe weather conditions, and loss of power. The registered provider had a system in place to ensure visits to vulnerable people were prioritised. These gave information on the action to be taken in events such as fire, flood, severe weather conditions, and loss of power. The provider had a system in place to ensure visits to vulnerable people were prioritised.

The registered manager told us that staff were provided with personal protective equipment, which enabled them to carry out their caring duties safely. Supplies were kept in the office and in people's homes.

# Is the service effective?

## Our findings

People told us they were happy that staff knew how to meet their needs. People said "they [staff] chat to [my relative] and include them in decisions" and "they do everything I need them to do". People told us "they have had a high staff turnover but it seems to have settled down now and we have regular team of staff."

Staff told us they had completed training which was up-to-date in areas relating to care practice, people's needs, and health and safety. The registered manager told us all staff completed a comprehensive induction, which included, care principles, service specific training such as dementia care, equality and diversity, expectations of the service and how to deal with accidents and emergencies. Staff were then expected to work alongside a more experienced staff until they were deemed to be competent.

The registered manager told us that all new staff employed were registered to complete the 'Care Certificate'. The 'Care Certificate' looks to improve the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings. Care co-ordinators had been validated so that they could assess staff's competencies throughout their induction into the service. All the staff we spoke with told us they felt well supported. Staff received regular supervision, which included observations of their care practice. Supervision is a regular planned and recorded sessions between a staff member and their manager to discuss their work objectives and their well being. The service carried out unannounced spot checks on staff, to check they were supporting people appropriately. Records confirmed these took place and showed feedback was given to staff. The service had recruited a field care co-ordinator who had introduced new competence forms to use as part of spot checks and observations. These were based on daily log records, medicines and financial management.

We looked at formal supervisions and appraisals, which were undertaken at the office. They were completed to a good standard. Observations of work practice also take place in people's own homes. We looked at a number of observations undertaken on staff and found they were very detailed and confirmed staff were working to expected standards.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The 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.

The registered manager had a good awareness of the MCA. Care plans contained mental capacity assessments. There was evidence that family and health professionals had been appropriately involved in decision making.

The staff we spoke with had a good working knowledge of the Mental Capacity Act 2005, in protecting people and the importance of involving people in making decisions. Staff we spoke to told us "just because

someone's having a bad day it doesn't mean they haven't got capacity, its about asking people what they want and enabling them to make a choice whether you agree with it or not." Another staff member said "people might make decisions I don't agree with, but that's their choice and I have to do what they want."

We looked at four people's support plans in the office, which we were told was a mirror image of the records kept in people's homes. We found the assessments and support plans were detailed to ensure staff were able to deliver the support people needed. Each person receiving the care had signed a consent form as part of their initial assessment.

Care staff we spoke with told us they gained consent from people before carrying out personal care and respected people's choice. People told us that when staff were supporting them with personal care they would always ask for their consent before commencing the support. One relative we spoke with told us that the care co-ordinator had visited them and discussed exactly what was needed to maintain their family member at home. They said, "they came and did an assessment to find out exactly what we wanted from the service."

The registered manager told us that people were encouraged to be part of the assessment process. They told us they asked people's preferences about the times they would like their visit. This may include information about when they liked to get up and go to bed. Times of visits were then scheduled as near as possible to those times. Where the service was unable to meet a preference at the start of service a record was made of this and as soon as the preferred time became available the person would be allocated their preferred choice of time.

The service was able to respond quickly to the changing needs of people. For example, where people had hospital appointments the service amended the time of the visit to ensure where needed the support was provided prior to people leaving home for the appointment.

People we spoke with told us there were suitable arrangements to ensure they had sufficient food and drink to meet their nutritional needs. This ranged from support from staff to reheat meals in the microwave, or to reheat meals provided by family and friends.

## Is the service caring?

### Our findings

People supported by Lotus Homecare told us the care workers were very caring and understood their preferences and needs. Everyone we spoke to said the care workers were 'kind'. Comments included, "The carers are lovely." One relative we spoke with told us, "They [care workers] are very good, they always chat to [my family member] they are all really nice. The company are genuine and caring."

People supported by Lotus Homecare told us that care workers involved them and always asked their opinion. They said that staff always asked what support they wanted and if there was anything else they needed. One person said, "They never rush me."

We spoke with care workers about people's preferences and needs. Staff were able to tell us about the people they were caring for, and could describe their involvement with people in relation to the physical tasks they undertook and the support that was needed. Staff also described good relationships with the people they supported. They were aware of people's history, interests and what was important to them. Staff we spoke with could describe how they promoted dignity and respect.

People we spoke with told us care workers respected their privacy and they had never heard care workers talk about other people they supported. This showed that staff had an awareness of the need for confidentiality to uphold people's rights. Every staff member spoken with said they would be happy for a family member to receive support from Lotus Homecare

At the office we saw a display of thank you cards and letters. Comments included "can I express my gratitude and pleasure at the service I am receiving." "Thank you for your outstanding care, your staff are a credit to your organisation and we are very pleased the reablement team put us in touch with you."

People told us they were involved in developing their support plans, which were written in a way they could understand. The support plans described how people wanted to receive their support and told us what was important to the person in their daily life and how best to support them. The care co-ordinator told us that they tried to match the person to the staff and their skills and experience.

People we spoke with told us that they felt involved in the support package they received. One relative told us they had recently had a review of their care and support. This enabled staff to make adjustments to the person's support if needed. A relative we spoke with told us, "they are very good, they are working with us to try and change the times so they are better for [my family member]."

The registered manager told us how they ensured people's wishes were respected. At the initial visit, people were asked their preferred gender of care support worker. This was recorded on the 'care planning system' (This is a system used to record staff's working rotas). Where people who used the service required male only, or female only this was recorded in a specific area, which then prevented mistakes happening when covering work. For example, The system would prevent a female care support worker covering a person whose requirement was 'male only'.

## Is the service responsive?

### Our findings

Everyone that we spoke with told us the care was planned and responsive. One relative told us "We have had a meeting with them [deputy manger] to discuss the times of calls because [my relative] likes to stay up late. Since the clocks went back [my relative] is wanting a later call. They are working with us to try and tweak the times to suit his needs."

We found people who used the service received personalised care and support. The service put the person at the centre of all that they do. People we spoke with told us that they were fully involved in developing their care plans and this made sure staff understood their needs. Relatives told us that they are been part of the information gathering so that staff understood their family members likes and interests. This was particularly crucial when their family member was living well with a dementia type condition. As staff got to know the people they were supporting they became more aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised and responsive service.

We looked at four support plans at the office. It was clear that the plans were person centred and reviewed, as the person's support needs changed. We spoke with the care co-ordinator involved in dealing with referrals for people living well with dementia. The care co-ordinator told us the reviews continued at regular intervals after that so they were sure they were meeting the person's needs.

The registered manager told us there was a comprehensive complaints' policy and procedure, this was explained to everyone who received a service. Whilst visiting people in their homes, we saw a copy of the registered provider's complaints policy had been included in their support plan. The registered manager told us they had received no formal complaints in the last 12 months. The registered manager told us that the appropriate staff dealt with minor issues straight away. Staff within the teams met regularly to learn from any concerns raised to ensure they delivered a good quality service.

People we spoke with did not raise any complaints or concerns about the care and support they received. One person we spoke to said "I have no complaints about the service. I have been treated fine". Relatives we spoke with told us if there were any concerns, they would speak with the registered manager.

Staff told us if they received any concerns about the services they would share the information with their line managers. They told us they had regular contact with their manager both formally at staff meetings and informally when their manager carried out observations of practice in people's homes.

The registered manager told us that when a request for support was received it was important that they responded to this request swiftly to ensure that the person's safety and wellbeing was not compromised. They also told us how they responded to any changes in peoples healthcare needs by working with the families or by involving other health care agencies.

# Is the service well-led?

## Our findings

The manager was registered with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There was a clear staffing structure including a registered manager who had been in post since the service commenced in December 2015.

People, and the relatives we spoke with knew who the registered manager was. People and relatives told us they had found the registered manager approachable and supportive. They also made positive comments about the office based staff. Comments included, "Nothing is too much trouble for [name of registered manager] and "staff are at the end of the phone if you need them."

Staff we spoke with said they were a good team and felt the managers listened and valued their opinions. They told us they enjoyed their jobs and the registered manager was approachable and supportive. Comments included, "I feel really well supported. [Name of registered manager] really cares about the staff" and "the service is very person centred, everybody's happy working here and it reflects on the service users." All staff spoken with said they felt valued by their manager's. Staff told us "the managers are wonderful they listen to us" and "the care team are I have are very good and I would recommend these to anyone who needs care."

All staff we spoke with told us they were proud to work for Lotus Homecare. They said the service promoted people's independence, they were always introduced to people, they had time to spend with people and they were never rushed. One carer told us "they [managers] want to make a difference to peoples lives and the way care is seen. Its about everybody having the same values and work ethic and its not just about money."

We found a quality assurance policy was in place and saw audits were undertaken as part of the quality assurance process to question practice so that gaps could be identified and improvements made.

We saw that checks and audits had been made by the registered manager and senior support worker on support plans, visit records, medication administration records (MAR) and financial transaction records to ensure these had been fully completed in line with safe procedures. The records showed where any discrepancies had been identified. We found that a 'comments record' was completed that showed the action taken in response to the identified discrepancy to prevent reoccurrence. For example, one discrepancy record showed a medication administration record held one gap; this had been discussed with the identified staff.

We found visits to people's homes to observe care workers and speak to the person supported (spot checks) were undertaken by a senior member of staff a minimum of every three months. A system was in place to monitor the frequency of spot checks and the senior staff would be sent an electronic reminder when these

were due. This was linked to the 'care plan' and spot checks were electronically booked in staff schedules. We saw the matrix of spot checks, which showed these were up to date.

We saw that records of accidents and incidents were maintained and these were analysed to identify any on-going risks or patterns.

The registered manager, deputy manager, care coordinator, administrator and senior support worker held monthly meetings to discuss all aspects of the business. The minutes seen showed that staffing; information regarding clients, spot checks and training had been discussed amongst other topics. In addition, full staff meetings were held on a monthly basis to share information. We saw minutes of these, which showed they took place every month and were well attended. Staff told us "communication was good" and that it was an "open and honest culture" and they could speak with the registered manager at any time. Regular staff meetings help services to improve the quality of support provided and to underline vision and values.

We saw the service had an open and honest approach to ensure they valued the views of people who used the service to make continual improvements. As part of the services quality assurance procedures, surveys had been sent to people using the service each month to obtain their views. We looked at the results of the survey completed in January 2017. We saw none of the respondents had any complaints about the service. They all contained positive statements, which included, "very good service provided" and "we are very impressed – we would like to recommend this excellent service."

The manager told us that results of each survey were checked and where any issues were identified, these would be responded to individually. We found that no report from the questionnaires had been produced to inform people supported. The manager gave assurances that she would include this information as part of the on-going service developments.

We saw policies and procedures in place, which covered all aspects of the service. We checked a sample of the policies held at the services office. The policies seen had been reviewed regularly to keep them up to date.

Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme.