

Lotus Home Care Limited

Lotus Home Care Huddersfield

Inspection report

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19 February 2021

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Lotus Home Care Huddersfield is a domiciliary care agency providing personal care to people living in their own homes. At the time of our inspection the service was providing personal care to 52 people.

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

The service did not have a registered manager. People were satisfied with the service they received. Staff spoke less positively regarding the internal communication from senior management. Staff we spoke with had a clear understanding of their roles. A number of audits were regularly undertaken. These were analysed and any patterns or trends addressed with actions. This demonstrated the service took learning from their quality checks. Spot checks and competence assessments were carried out on staff to help ensure their skills and knowledge remained current.

People felt safe with the service and spoke positively of the staff who provide their care and support. Individual and general risk assessments were in place. People received a weekly staff rota. Staff were recruited safely. Where people needed assistance with medicines this was done safely. Staff knowledge of safeguarding issues was good. Care and support needs were documented. People were protected from the risk of infection.

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

Rating at last inspection

The last rating for this service was good (published 22 March 2019).

Why we inspected

We received concerns in relation to peoples care needs, staff recruitment and training practices. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained the same. This is based on the findings at this inspection. We found no evidence during this inspection that people were at risk of harm from theses concern.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lotus Home Care Huddersfield on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe 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 Huddersfield

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by an 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 houses and flats.

The service did not have a manager registered with the Care Quality Commission. This meant the provider were 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 notice of the inspection. This was because we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 18 January 2021 and ended on 19 February 2021. We visited the office location on 18 January 2021. We spoke with people and relatives on 21 January and staff on 18, 27, 28 January and 9 February 2021.

What we did before the inspection

We reviewed information we received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with the branch manager, two regional managers and a member of care staff.

We reviewed a range of documents relating to how the service was managed including; two care plans, three staff personnel files, staff training records, policies and procedures. We looked at records related to protecting people from harm as well as systems used to monitor quality of care.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with two people who received this service, six relatives and four members of care staff.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people's safety were identified and managed. For example, risks relating to moving and handling and the home environment.
- Staff had good understanding of when people required support to reduce the risk of avoidable harm. Risk assessments outlined measures to help reduce the likelihood of people being harmed.
- People's care and support needs were assessed prior to the start of the service and recorded in their care plan. However, we found one care plan contained contradictory information on the number of daily visits required in comparison to the list of visit tasks required to be completed by staff. We raised this with the manager who after review, confirmed it was a recording error and the care plan had been subsequently amended.

Staffing and recruitment

- Staff were recruited safely. This included checking candidate's employment history and obtaining references. However, some staff told us paper copies of their personal information provided as part of their original recruitment process had been lost by the service. We raised these concerns with the regional manager who told us the recent internal service audit had identified missing documentation on the electronic system and was due to a scanning process error and staff had been asked to resubmit information.
- People and where appropriate, their relatives, received a weekly staff rota. Staff told us they were very busy, but the planning of rotas had improved recently. Where there was a shortfall, for example, staff sickness, they told us the office would normally ask if they could pick up extra calls. However, they never felt under pressure to do so.
- People and their relatives told us their calls were not missed and generally staff were on time. One person told us, "The majority of the time they arrive on time" and "If carers are delayed, they let my [relative] know." However, a relative told us, "It [arrival time] can vary by an hour or so."
- The service used an electronic call monitoring system which was monitored by the manager. In the event a call had been recorded as not attended or staff had arrived late/left early, appropriate action was taken.

Using medicines safely

- Medicines were safely managed. One relative told us there had been a couple of occasions in the afternoon where the medicine had been missed. However, they had spoken to the manager who had taken remedial action. Another relative said, "They [staff] do put [product] on [person's] back."
- People had individual medication administration records (MARs). We saw MARs were returned to the office and audited to ensure people received their medicine as prescribed.

- Staff responsible for administering medication had received training and had their medicine competency checked to ensure their practices were safe.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us the service was safe. Comments included, "We have had no problems with anybody that comes. They do a good job" and "Yes, I do believe [person] are safe."
- Staff received training in safeguarding and understood their responsibilities if they were concerned about the safety of people using the service.
- The provider had appropriate systems in place to safeguard people from abuse. Staff told us they felt happy raising any concerns they had about people they were supporting and were confident they would be dealt with appropriately.

Preventing and controlling infection

- The provider's infection prevention and control policy was up to date.
- Personal protective equipment was available for staff from the office. Staff told us there were plentiful supplies of masks and aprons, however, were restricted to collecting two boxes of gloves at a time which normally only lasted for a week. After inspection feedback, the manager told us all staff had been contacted to assured the service had a plentiful supply of PPE and for staff to contact the office to arrange further stock.
- Staff were able to tell us when they used gloves and aprons to reduce the risk of infection for people and themselves. A relative told us, "Carers wear gloves, apron and mask."

Learning lessons when things go wrong

- Accidents and incidents were recorded on the electronic office management system along with an incident summary and remedial action taken. Staff were aware they needed to report any incidents or accidents to the office if they occurred.

Is the service well-led?

Our findings

, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Lotus Home Care Huddersfield have not had a registered manager in post since May 2020. The manager and a regional manager had been in post from October 2020. After the inspection, we received an application for the manager to be registered.
- Prior to this inspection, the provider had not provided effective oversight and governance of the service's safety and quality to ensure all regulatory requirements were met. For example, the provider's audit and governance systems had not identified the concerns we made the provider aware of following several complaints and whistleblowing we had received. However, on inspection, we found a full audit of the whole service had been undertaken and an action plan implemented as a result. Ongoing auditing systems had subsequently been improved to monitor the standard of service.

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

- Staff felt confident they could raise concerns with the management team, however, felt less certain the management team would do anything about these. Staff told us they felt there was a lack of communication throughout the management structure and felt concerns were never fully resolved or forgotten about. We fed back these concerns to the nominated individual who told us the service used an electronic care plan system whereby issues or concerns raised by staff were automatically recorded. We saw actions taken recorded in the reports we looked at.
- The manager understood their requirements to notify CQC of all incidents of concern, including serious injuries and safeguarding alerts.

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

- People and their relatives told us they were satisfied with the service they received from Lotus Home Care Huddersfield and spoke positively regarding the staff who provided care. Comments included, "They are approachable. They always sort it out", "They are brilliant at what they do" and "The care staff are great. The office staff are good."
- The manager was responsive throughout the inspection in demonstrating how the service operated.

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

- Feedback was obtained from people and their relatives as part of the process of care planning and reviews, ongoing telephone feedback and formal questionnaires. People were formally asked for their views of the service by way of a questionnaire in December 2020. We saw remedial action taken as a result of feedback provided by one person.
- Staff were clear what was expected from them and understood their roles and responsibilities. They felt very supported by the care co-ordinators. A staff member told us, "I mainly speak to the care co-ordinators and they are really approachable. I feel supported by [Name] in particular." However, some staff told us they did not really know the senior management team and felt manager contact was mainly by email when something had gone wrong. However, all staff we spoke with confirmed they had received supportive telephone calls from the management team in relation to the impact of the pandemic.
- Physical team meetings had stopped due to the restrictions of the pandemic and virtual staff meetings had been held ad hoc. The manager told us they had recently scheduled regular virtual team meetings.

Continuous learning and improving care

- A service improvement plan was in place and we were able to see the identified improvements were nearing completion.
- The manager demonstrated an open approach to learning and development.

Working in partnership with others

- The service worked in partnership with the local authority and other relevant health care professionals to support peoples changing needs.