

Mentaur Limited

Lotus House

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

About the service: Lotus House is a residential care home that provides personal care to seven adults all of whom have a learning disability.

People's experience of using this service:

- People showed they were happy living at Lotus House, they felt safe and liked the staff team. Relatives liked the way the staff supported their family members. Staff were kind, caring and compassionate and knew each person well. They enjoyed working at the home and felt the registered manager gave them good, supportive leadership.
- The provider had systems in place to manage risks and keep people safe from avoidable harm. Staff gave people their medicines safely, followed good practice guidelines to help prevent the spread of infection and ensured health and safety was a priority.
- There were enough staff on duty to deliver support to each person in the way they wanted. Staff received training, supervision, guidance and support so that they could do their job well. Staff respected people's privacy and dignity and encouraged independence wherever possible.
- People chose the meals they wanted and helped staff prepare them. Staff supported people as far as possible to eat healthily and made sure special diets were adhered to. External healthcare professionals helped people maintain their health.
- People made decisions in all aspects of their lives and were fully involved in planning what they wanted to do. They had opportunities to put forward their views on the running of the home. Staff understood the provider's ethos and values and made sure that people's lives were as comfortable and fulfilling as possible.
- The registered manager and staff team strove for continuous improvement, worked well with external professionals and ensured that people were part of their local community.
- The service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion.

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

Rating at last inspection: At the last inspection we rated this service Good (report published on 10 May 2016).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we might 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?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Lotus House

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 planned this inspection to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector carried out the inspection.

Service and service type:

Lotus House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and we looked at both during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection:

We carried out the inspection visit, unannounced, on 6 March 2019.

What we did:

Before the inspection visit we looked at information we held about the home and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the home that the provider must let us know about. In February 2019 the provider had sent us a completed provider information return (PIR). The PIR 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.

During our inspection we saw how the staff interacted with people who lived at Lotus House. We spoke with three people who lived there. We spoke with five members of staff: three support workers; a senior support worker; and the provider's Quality Assurance and Compliance Manager.

We looked at two people's care records as well as other records relating to the management of the home, such as medicine administration records, internal audits and the local authority's contract monitoring audit.

After the visit to the home, we contacted four people's relatives, and several external professionals who met people regularly. Three people's relatives and three professionals responded. We have included some of their comments in the report.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People showed they felt safe at Lotus House and they were comfortable with the staff. One person was able to tell us that they felt safe. People's relatives were happy and grateful that staff kept their family members safe. One relative told us that when their family member stayed with them overnight, they got up early the next morning and asked to go home. The relative said this showed their family member felt safe at Lotus House.
- The provider had systems in place to protect people from abuse and avoidable harm. Staff had undertaken training and were confident about what they should look out for and to whom they should report any concerns.

Assessing risk, safety monitoring and management

- In the PIR the provider told us that the assessment of potential risks meant that staff could manage and reduce the risks to people. Staff discussed risks with people and supported them to take positive risks so that their freedom was restricted as little as possible.
- Staff involved people in looking at risks in their environment and they undertook regular checks of all equipment in the home to make sure it was safe to use. One person had found that the dining table wobbled when they leant on it. People had helped to choose a new table and chairs, which the provider bought.
- The provider's maintenance staff undertook regular checks of all equipment and systems in the home, such as the fire safety awareness system, to make sure people, staff and visitors to the home would be safe. An external health and safety consultant had recently awarded the home a Certificate of Achievement in recognition of the home's efforts to promote an active health and safety culture.

Staffing and recruitment

- Staff told us there were usually enough staff on duty so that everyone could do what they wanted to do. Staff rotas were flexible, based on skill mix and designed around people's choices of activity. An external professional told us, "Whenever I visit...I always find that there are appropriate staffing levels."
- The provider's recruitment policy ensured as far as possible that new staff were suitable to work in the home.

Using medicines safely

- Staff managed medicines safely and gave people their medicines as the prescriber intended.

- Medicine storage was secure and at the correct temperature and staff audited medicines weekly. The registered manager regularly checked staff's competence to give medicines correctly.
- Staff supported one person to be involved in checking and ordering their own medicines, to enhance their skills and independence.

Preventing and controlling infection

- The provider had systems in place to make sure that staff practices controlled and prevented infection as far as possible. Staff had undertaken training and were fully aware of their responsibilities to protect people from the spread of infection.

Learning lessons when things go wrong

- Staff recorded any incidents and accidents and the registered manager included them in her monthly report to the provider's health and safety and quality assurance teams. These teams evaluated what might have gone wrong and shared any learning with staff teams across the organisation.
- Staff meetings gave staff the opportunity to discuss any safety issues or investigations from their own and other organisations, to learn from them and to change their practice if needed.

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

Good: People's outcomes were consistently good, and feedback confirmed this.

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

- In the PIR the registered manager told us that they carried out a comprehensive needs assessment before they admitted anyone to the home. This was to make sure not only that the staff team could meet the person's needs, but also that the person would be as compatible as possible with people already living at Lotus House.
- The registered manager ensured that staff delivered up to date care in line with good practice and that the home had equipment available that would enhance people's care and promote independence. They had used a well-respected dementia screening tool to assess and monitor dementia-related changes in people.

Staff skills, knowledge and experience

- Staff felt they had received enough training so that they could do their job properly and support people effectively. Training came in a number of ways including face to face training with both external and in-house trainers and e-learning via the computer. A relative told us, "[Staff] know what they're doing."
- Staff felt well-supported by the senior staff, the provider's office staff and each other. The registered manager and team leader worked alongside staff. One member of staff told us, "We work really well as a team, we share everything."

Supporting people to eat and drink enough with choice in a balanced diet

- Staff supported people to decide what they wanted to eat and drink. People met together each week to decide the following week's menu.
- Staff knew each person's dietary needs as well as their likes and dislikes. Staff made special meals and snacks available so that people who needed them did not feel any different. For example, an external professional told us they saw people having afternoon tea. Everyone had biscuits and one person had gluten free biscuits.
- Staff helped people to eat if they needed it. They supported people to eat healthily, including if they needed to lose or gain weight.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked closely with a number of other services so that people received effective care and support. These included healthcare services as well as day centres, clubs and colleges that people attended.

Supporting people to live healthier lives, access healthcare services and support

- Staff involved other healthcare professionals to support people to maintain their health. These included the GP, community nursing team, dietician, a chiropodist, dentist and optician as well as specialists relevant to the person's condition.

Adapting service, design, decoration to meet people's needs

- Each person had their own bedroom with an en-suite toilet and shower. People chose what they wanted in their rooms and how they wanted the room decorated and furnished. A relative told us their family member had a bed and an armchair in their room and they were very happy with just that.
- People also chose what they wanted for the shared areas of the house. They had recently decided which new dining room furniture they wanted and it arrived on the day we visited.

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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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.

- Staff knew how the MCA and DoLS applied to their work. They talked to each person about the care and support the person wanted and gained consent before they carried out any tasks. Staff offered people choices in all aspects of their lives.
- Staff knew which individuals had a DoLS authorisation in place and why and a relative was very happy that staff kept their family member safe in this way. An external professional told us that staff had applied for renewal of the authorisations within the appropriate timescales.

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

Good: ☐ 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 were happy living at Lotus House and staff were kind, caring and compassionate. When we asked people about the staff, one person said, "It's nice here. I like everyone" and another person told us, "It's nice, they're alright, nice."
- A relative described staff as "always happy and communicative" and said that staff worked hard with their family member so that they had a good life. Another relative told us, "Lotus House is very very good and has always given excellent care to our [family member]." They added, "[Staff] have all been absolutely brilliant - friendly, cheerful and they help out when they can."
- Some people who lived at Lotus House did not use words to communicate. However, we could see that they felt comfortable with the staff and enjoyed their company. An external professional said, "The staff have excellent relationships with the residents."
- Staff treated people equally and without discrimination. The registered manager had arranged meetings for people and staff to discuss equality and diversity together.
- Staff considered people's protected characteristics under the Equality Act 2010. These included religion, race and sexual orientation and they supported people to have their diverse needs met.

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

- People were fully involved in making decisions about their care and support. They met with their keyworker regularly to make plans for what they wanted to do and to talk about what they enjoyed and what they wanted.
- Staff communicated with each person in a way that that person understood best. A communication passport in one person's care records detailed how the person communicated.
- Where appropriate, people had access to advocacy services. An advocate is independent and supports the person to express their views. A healthcare professional told us that the staff "were effective at advocating for the resident" when one person had become ill.

Respecting and promoting people's privacy, dignity and independence

- Staff fully respected and promoted people's privacy, dignity and independence.
- Staff encouraged people to do as much as they could for themselves. Two people helped staff with household chores from time to time and everyone was encouraged to keep their own rooms tidy.
- Staff supported people to maintain relationships with relatives and friends. They welcomed visitors to the home and they provided transport to take people to their family homes. An external professional told us that

the support one person got from staff to maintain a relationship in a safe way was excellent.

- Staff maintained people's confidentiality and stored any information about people securely.

Is the service responsive?

Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Each person who lived at Lotus House had a fully person-centred support plan, which detailed their preferences about the way they wanted staff to give them care and support. The person and their keyworker reviewed their support plan at least monthly.
- Staff had worked with people and their families to try and find out as much about the person as they could. This included the person's likes, dislikes and how they wanted to spend their days.
- A relative told us that their family's member's ability to do things for themselves had improved. Staff had worked consistently and patiently to encourage the person. For example, the person could now add milk to their tea and put their jumper on the right way round.
- A relative of a person who did not like new things, said recently their family member had been looking very smart. They had allowed staff to buy them new clothes and shoes and were happy to wear them.
- Staff worked with each person to plan what they wanted to do, based on what staff knew they liked. They encouraged people to be as active as possible, both in and outside the house. One person told us that morning they had walked into town for a coffee. They also said how much they enjoyed going to their evening clubs.
- Staff had used technology innovatively to support people. One person used a device with specific apps designed to improve their cognitive skills and increase their confidence. The registered manager reported that another person seemed calmer and more motivated to join in activities since using a tablet to structure their everyday living tasks.

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place, which they displayed in easy-read format on the inside of each person's bedroom door. In the PIR, the registered manager stated, "[People] are offered the opportunity to participate in weekly house meetings where they are encouraged to express their views, concerns or complaints." Two relatives told us they had nothing to complain about. One said, "We've had no problems with them at all."
- The registered manager kept a log of compliments and complaints. However, the Quality Assurance Manager told us, "Standards have been improving at Lotus House – perhaps that's why there have been no complaints."

End of life care and support

- There was no-one receiving end of life care at the time of our inspection.
- The provider had a policy and procedures in place and the registered manager knew how to access

support from external professionals if needed.

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People were happy living at Lotus House and their relatives were very satisfied with the service provided by the staff.
- Staff enjoyed working there and praised their team-work and the registered manager. One member of staff said, "The service we offer is amazing. We do a brilliant job." Another member of staff told us, "[Registered manager] is the best manager since I started working."
- The registered manager was passionate about providing people with a high-quality service that was underpinned by the provider's values.
- External professionals praised the provider's support team and the registered manager. One external professional described the management team as "highly professional. Another told us the registered manager "presented as caring and competent."
- The registered manager promoted transparency and honesty. She had a policy to openly discuss issues with relevant parties if anything went wrong.

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

- The provider made policies and procedures available to staff, which guided them on their roles and what the provider expected of them when they were supporting people.
- The registered manager was a strong leader and managed the home well. She was fully aware of her legal responsibilities, including appropriately notifying CQC of any important events.
- Staff felt the manager and the provider's staff supported them well. There was always a senior member of staff on call if they needed to ring them.
- The provider had a robust quality assurance system in place to ensure that staff continued to give high-quality care. People were included in checking some aspects of the running of the home. The registered manager and the provider's representatives carried out a range of audits as part of a continuous improvement plan. A full audit in January 2019 had resulted in an excellent rating.

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

- The registered manager encouraged everyone involved with the home to express their views on a day to

day basis about the running of the home.

- People who lived at Lotus House were very much part of the local community. Staff encouraged people to walk round the local area and use local shops and services.

Continuous learning and improving care

- The registered manager and staff told us they were always trying to make things even better for people. One member of staff said, "We have a very good [registered] manager. She works together with us and tries to improve things."
- Provider meetings enabled the registered manager to have additional support and to share good practice.

Working in partnership with others

- Staff and the management team worked in partnership with other professionals and agencies, such as the GP, other health care professionals and the local authority to ensure that people received joined-up care.