

Lotus Home Care Limited

Lotus Home Care Selby

Inspection report

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29 September 2022

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Lotus Home Care Selby is a domiciliary care agency providing personal care to people in their own homes. The service provides support to younger and older adults who may be living with mental health needs, physical disability, or dementia. At the time of our inspection there were 39 people using the service.

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's care needs had been assessed however, when risks had been identified, appropriate risk assessments were not always in place to ensure mitigations had been considered or implemented. We made a recommendation about this. We found no harm had come to the people due to this concern and the provider took immediate action to address this.

Care records were in place to give guidance to staff on how to provide safe care; We found some areas in the care records needed expanding to ensure a good understanding of people's medical needs and that people's preference were clearly recorded. The provider was already working on expanding the detail within the care records at the time of the inspection.

People received their medication as prescribed, by staff who were appropriately trained. The registered manager had systems in place to review the quality and safety of the service to ensure a good standard of care was provided.

People were supported by staff who knew them well and who showed kindness and compassion. Both people and relatives praised the care provided by the service and told us that staff went above and beyond what was expected of them. One relative said, "Since the carers are now in place the whole family is less stressed and relaxed. We are all really grateful of the care and we cannot fault them."

Staff felt supported in their roles by a management team who listened to them. Staff had the opportunity to be open and honest about any concerns they had, and the registered manager promoted an open culture within the service.

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

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 4 June 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an announced comprehensive inspection of this service on 1 April 2021. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the governance of the service.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Lotus Home Care Selby

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 Health and Social Care Act 2008.

Inspection team

The inspection was completed 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 houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was announced. We gave a short notice period of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 29 September 2022 and ended on 11 October 2022. We visited the location's office on 29 September 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke to the registered manager and office staff as part of the inspection. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and supervisions and a variety of records relating to the management of the service.

After the inspection

We spoke to four relatives, three people who used the service and four staff members. We continued to seek clarification from the provider to validate evidence found. We looked at policies and procedures and quality assurance records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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.

Staffing and recruitment; Preventing and controlling infection; Learning lessons when things go wrong

At our last inspection the provider had failed to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17(Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Learning lessons when things go wrong

- Lessons had been learnt when things went wrong. A system had been developed to record and review incidents. These were investigated by the management team and evidence of lesson learnt was recorded. However, we found that in some cases, it was not always clear if actions had been followed up. This was raised to the registered manager at the time of the inspection.

Staffing and recruitment

- There was enough staff to provide safe care. A system was in place to ensure gaps in support due to staff sickness or holidays could be managed and people told us they felt safe. One person said, "I am so, so, safe and it feels so, so, good."
- Safe recruitment practices were in place and followed. Staff received an induction to the service, with the opportunity to shadow more experienced team members until they were confident in the role.
- Staff receive appropriate training for their role and people told us they were confident in their ability to provide safe care. One person said, "They are all fully capable, no hesitation, knowledgeable, professional and talented."

Preventing and controlling infection

- Safe infection, prevention and control practices were followed by staff who had appropriate training provided.
- Up to date policies were in place to help guide staff on safe practice which also included additional guidance for COVID-19 considerations.

Assessing risk, safety monitoring and management

- Individual risk assessments were not always in place. However, risks were identified and recorded in people's care plans. These provided staff with guidance on how to manage and mitigate risks.

- The risk of using bed rails had not been assessed and guidance for staff on how to manage this risk had not been recorded.

We recommend the provider review their records, ensuring known risk to people are clearly recorded, updating their practices accordingly.

The registered manager responded immediately once these concerns were raised, reviewing the care records of all people and implementing risk assessments where needed.

- Care records were in place to help staff provide safe care. However, more detail was needed to ensure staff were fully aware of people's needs and preferences, particularly around health conditions such as diabetes management and catheter care. The registered manager was working to improve the level of detail in the care records and took our feedback onboard.
- Monitoring systems had been developed to review the safety and quality of the care provided. A series of audits, spot checks and courtesy calls were used to help manage the risks to people and ensure good care.

Using medicines safely

- People received their medicines safely and as prescribed.
- Some 'when required' medicines were missing the protocols needed to guide staff on when to administer. The registered manager addressed this on the day of the inspection. Implementing protocols where needed and updating people's care records.
- Staff received appropriate training in medication administration and felt confident in their roles. Competencies had been assessed and refresher training was arranged when needed.
- The registered manager reviewed the safety of the medication administration through regular audits and spot checks.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. Staff understood their roles in reporting any concerns and received training on how to identify abuse.
- Staff reported they felt supported by the management team and were able to contact them at any time. The registered manager understood their responsibility to safeguard people from abuse and raised concerns appropriately.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Consent to care was recorded within the care records and people had mental capacity assessments where appropriate.
- Staff received training to gain knowledge of the MCA and policies were available to them if additional

guidance was 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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17(Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There was evidence of an open and transparent culture in the team. Safety concerns were reported, people were kept informed about any changes and staff reported being able to contact the management team at any time for support.
- People and relatives were happy with the care provided and good outcomes for people were achieved. People's independence was promoted, and care was not rushed. One relative said, "They encourage [person] to do as much as is safely possible whilst ensuring that the job gets done".

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

- There was a registered manager in place to support the service and they are aware of their regulatory responsibilities.
- Quality checks had been developed for the service. Audits were produced with actions recorded and implemented which helped to continually review and improve the service.

Continuous learning and improving care

- Lessons had been learnt from when things went wrong, and staff were confident in reporting any concerns. Team meetings were held to review good practice and implement change within the service.
- The provider was proactive in the support it offered to the service, sharing lessons learnt across the organisation, striving to improve care and practice.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility to be open and honest if things went wrong.

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

- The service engaged with people and staff, regularly completing quality assurance calls to the people so they could feedback about their care. Staff were given the opportunity at team meetings to raise concerns and discuss their ideas about improvements.
- People told us that they knew how to raise concerns and that they would not hesitate to contact the management team if they needed to discuss their care.
- There was an equality and diversity policy in place to promote equality and staff received training in this area.

Working in partnership with others

- The staff took direction from other healthcare professionals, working together to provide good care to people who needed this multiagency approach.