

Lotus Home Care Limited

# Lotus Home Care Selby

## Inspection report

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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 Selby is a domiciliary care agency providing personal care to people living in their own homes. The service supports younger adults and older people who may also be living with mental health needs, a physical disability, sensory impairment or dementia. The service was supporting 38 people at the time of our inspection.

Not everyone who used the service received personal care. The Care Quality Commission (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 were at increased risk, because rotas were not managed effectively or in a way which consistently met their needs. Improvements were needed in the way COVID-19 risks were assessed and managed. There was not a robust system in place to monitor and ensure staff responded appropriately to accidents and incidents. Improvements were needed in the way staff recorded the care and support provided for people to take their prescribed medicines. Whilst we found no evidence people had been harmed because of these concerns, these failures increased the risk that people would receive inconsistent or unsafe care.

There had a been a high turnover of staff and people told us the service was not always well-led. Staff morale was low, and there were concerns about organisation and communication. The provider's system of audits had not been effective in monitoring and addressing issues with the quality and safety of the service. There was breach of regulation in relation to the governance arrangements.

Staff received training on how best to meet people's needs. Feedback about the training was mixed, and some staff felt they would have benefited from more practical training and shadowing opportunities. We made a recommendation about reviewing their training plan.

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.

People received effective support to help make sure they ate and drank enough. Staff monitored people's needs and supported them to seek medical advice if needed.

Staff provided person-centred care and support to meet people's needs. We made a recommendation about implementing good practice guidance around end of life care planning.

People felt able to raise concerns and there was a process in place to manage and respond to any complaints about the service.

People received kind and caring support. Staff were respectful and supported people in a way which maintained their privacy and dignity.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 3 September 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on when the service was registered.

We have found evidence that the provider needs to make improvements. 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 for 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 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 Care Act 2014.

#### 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.

The service did not have a manager registered with the CQC. A registered manager along with the provider are legally responsible for how the service is run and for the quality and safety of the care provided. A manager was in post, but had not yet applied to become the registered manager.

#### Notice of inspection

This inspection was announced. We gave a short period notice of the inspection because we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 1 April 2021 and ended on 23 April 2021. We visited the office location on 1 April 2021.

#### What we did before the inspection

We reviewed information we had received about the service and sought feedback from the local authority and professionals who work with the service

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 six people who used the service and three relatives about their experience of the care provided. We spoke with the manager, another branch manager, the regional manager and five members of care staff.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at three staff's files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to review information from the inspection and to seek 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.

### Staffing and recruitment

- People's care and support was not always provided at the times they wanted or needed. They did not always know which carers would be visiting or what time they would arrive.
- There was a lack of consistency in the time people's care was planned and when staff arrived.
- Staff worked long hours and complained of feeling tired or under pressure.
- People's preferences about whether they wanted a male or female carer were not always respected.

### Learning lessons when things go wrong

- People were at increased risk of harm, because there was not a robust system in place to record, report and monitor any accidents and incidents that occurred. This meant we could not be certain whether staff had responded appropriately, or if appropriate action had been taken to help prevent a similar thing happening again.
- The provider did not have a detailed accident and incident policy to support and guide staff on how to manage and respond to risks.

### Preventing and controlling infection

- People were at increased risk of catching COVID-19, because the provider had not taken appropriate steps to support and encourage staff to complete regular COVID-19 tests before visiting people who may be vulnerable.
- Detailed COVID-19 risk assessments were not in place to explore specific risks to staff or people using the service.
- The provider's COVID-19 protocol needed updating to reflect current good practice guidance.

The failures in how the rotas were organised, the management of COVID-19 risks and in recording and monitoring accidents and incidents showed the provider had not taken adequate steps to assess, monitor and improve the quality and safety of the service. This was breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had the personal protective equipment they needed to help keep them and the people they supported safe. People confirmed staff wore PPE when supporting them. Feedback included, "They wear their masks, plastic aprons and gloves" and "They are very careful, they are always washing their hands,

putting gloves on and changing their gloves."

- The manager acknowledged our concerns and explained the actions they were taking to address concerns about staffing levels. They also shared details of the steps taken to ensure staff would complete regular COVID-19 tests going forward.

#### Using medicines safely

- Staff did not always follow good practice guidance when recording the support provided with people's medicines. For example, medication administration records (MARs) did not always include the person's date of birth, the name of the person's GP practice or details about any known drug allergies.
- A robust system of audits was not in place to help monitor and make sure medicines were managed safely. It was not clear what action had been taken to investigate and address gaps and recording issues on people's MARs.
- Staff used electronic MARs alongside paper records, and this provided some reassurance that people's medicines had been administered as prescribed despite the recording issues with paper records.
- People told us they received the support they needed to take their prescribed medicines. Feedback included, "They see I get my tablets, morning and night" and "They give me my medication when it is due."
- Staff completed training and their competency was checked to help make sure they understood how to safely administer medicines.

#### Assessing risk, safety monitoring and management

- People's needs were assessed to help identify the support they required, and any risks staff needed to be aware of when providing their care.
- There was not always detailed information to guide staff on how some risks should be managed. For example, in relation to a person who was prescribed an anticoagulant medicine or was diabetic.
- The manager explained they were in the process of reviewing and updating care plans and risk assessments and would address these issues.

#### Systems and processes to safeguard people from the risk of abuse

- People felt safe with the care and support staff provided. Feedback included, "I feel very safe, they're just so friendly, and they get on with what they have to do."
- The provider had a safeguarding policy and procedure and staff received training on how to identify and report any safeguarding concerns.

# 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 good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People gave generally positive feedback about the skills and experience of the staff who provided their care. Comments included, "The carers are really good. They know what they're doing, they know their job and they get to know you."
- New staff received one days online training and then practical guidance when they 'shadowed' more experienced members of the team. Feedback about the training was mixed with some staff feeling they would have benefited from more practical training and shadowing opportunities.

We recommend the provider continues to review their training plan for new staff as COVID-19 restrictions ease.

- Supervisions and spot checks were used to support staff and monitor their performance.

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

- People's needs were assessed to identify the care and support they needed. Care plans were used to record this information and to provide guidance to staff about how that person's needs should be met.
- People or their representatives were involved in creating the care plans to help make sure the support provided would meet their needs.

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

- People received effective care and support to help make sure they ate and drank enough. A person explained, "They cook my meals, and get me what I ask for. They always ask me if there is anything more I want before they leave."
- Care plans recorded the support people required with meals and drinks and staff recorded what support they provided at each visit. This helped them to monitor and make sure people had enough to eat and drink.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported by staff to seek medical attention if needed. For example, if there had been an accident and they had fallen over.
- Staff were concerned for people's wellbeing and monitored for signs that they were becoming unwell or needed medical attention. Feedback included, "I've got a bad heel, they'll look at it and say 'maybe you should speak to your Doctor', they do recognise things" and "The carers always know when I'm not too good, and they know what to do."

- Care plans recorded information about people's health needs, although we advised the manager to include more information to guide staff about when they might need to seek medical attention. For example, in relation to a person who was diabetic.

#### 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 when this is in their best interests and legally authorised under the MCA. 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.

- People made decisions about their care and felt staff listened to them and respected their choices.
- Staff completed mental capacity assessments where there were concerns about people's ability to make an informed choice. Where necessary, best interest decisions were made on people's behalf.
- We spoke with the manager about recording what type of Power of Attorney people held so we could be certain the right person made decisions. They agreed to address this.

# 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; respecting equality and diversity

- People received kind and caring support from the staff who visited them. They told us, "The carers are very kind, everything they do is kind" and "They are very friendly. They make you laugh, and it makes you feel better. They are like one of the family sometimes."
- People enjoyed staff's company and had formed positive caring relationships with the regular staff who visited them. A person explained, "They just sit and chat, they ask me things. I couldn't wish for anything nicer." A relative said, "I can hear them laughing. The carers make them comfortable."

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

- People told us staff listened to them and followed their instructions. A person said, "The last thing before they leave, the carers say, 'Is there anything else I can do for you?'"
- Care plans included information about people's needs and preferences and showed they had been involved in making decisions about their care. A relative explained, "The carers ask if [person using the service] is alright. They talk to them and get their opinion."

Respecting and promoting people's privacy, dignity and independence

- People were supported in a way which helped maintain their privacy and dignity.
- Staff were mindful and provided discreet and respectful support when helping people with personal care. A person explained, "They change me in my bedroom. They shut the curtains and door always."

# 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.

### End of life care and support

- People's care plans did not include information about any wishes or views they had for their care approaching the end of their life.
- Clear information had not been recorded about whether people had decided to refuse resuscitation if the need arose.
- The manager told us staff could access training on end of life care, but they had not completed this training at the time of our inspection.

We recommend the provider research and implement good practice guidance in relation to end of life care planning.

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

- People praised the person-centred support staff provided. One person said, "The carers just get on with what they know, and what needs doing that day."
- Care plans contained information about people's needs and preferences for how those needs should be met. This supported staff to provide person-centred care.
- Staff listened to people and followed their instructions to help make sure the care and support met their needs.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed to support and guide staff on how to effectively share information.
- Care plans recorded if people needed information to be provided in an accessible way. For example, if documentation was needed in 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

- People valued the friendly staff and companionship they offered. Feedback included, "We find the carers very nice, very pleasant."
- COVID-19 had impacted on people's opportunities to take part in activities, socialise and access their

wider community. They told us how much they valued the visits from staff and the continued support they had provided during this period. One person commented, "What I like is that they are here every day so there's somebody to talk to. I've been indoors now for over a year. To see someone is lovely, it's brilliant."

Improving care quality in response to complaints or concerns

- People said they had not needed to complain, but felt able to speak with staff in the office if they wanted to discuss any issues or concerns.
- People explained that the office staff were very apologetic if they contacted them to ask when staff were late.
- The manager told us there had not been any formal complaints. The provider had a complaints policy outlining how they would manage and respond to any complaints about the service if the need arose.

# 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.

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

- The service had not had a registered manager since November 2020. A new manager was in post and planned to apply to become the service's registered manager.
- People and staff gave mixed feedback about the organisation and communication. They told us the service had not always been well-led.
- There had been changes in management and office staff. Staff morale was low, and there were concerns about the turnover of staff and long working hours.
- People received inconsistent care and support, because of how the rotas were organised and managed. There were issues and concerns in relation to medication administration records, the management of COVID-19 risks, and the management and recording of accidents and incidents, which placed people at increased risk of harm.
- Audits and checks had been ineffective in monitoring the quality and safety of the service and in identifying or addressing the concerns we found.

The failure to establish effective systems to assess, monitor and improve the quality and safety of the service was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Whilst staff raised concerns about the organisation and leadership, they spoke positively about the support and teamwork shared with the carers they worked with. One carer explained, "The other carers are amazing, they are people you can trust and go to. The relationship between us carers is a good one. It is sometimes management where the issues come from."

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 understood their responsibility to be open and honest if things went wrong.

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us management rang them to ask for feedback and check they were happy with the service. A person explained, "They often phone me and ask how staff are doing. They always get a glowing report."

- Staff worked in partnership with other professionals, for example, healthcare staff to help make sure people's needs were met.

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 not operated effective systems or processes to assess, monitor and improve the quality and safety of the service. Regulation 17(2)(a).