

Lotus Home Care Limited

# Lotus Home Care Wakefield

## Inspection report

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27 September 2018  
01 October 2018

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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

The inspection took place on 24 and 27 September and 1 October 2018. These days were announced to make sure someone would be available either in the office and the telephone. This is the first inspection the service has received since registering two years ago.

We completed a comprehensive inspection. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to adults. At the time of inspection, the service was supporting 40 people with a personal care service.

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.

People and their relatives told us they did not always have the same staff who supported them in their home and sometimes came to their home early or late. We spoke with the registered manager who told us that the home had a call monitoring process in place which showed times of all staff calls which we saw evidence of on inspection.

Staff were trained in the principles of the Mental Capacity Act (2005), and could describe how people were supported to make decisions.

Staffs competency was assessed before they worked with people and periodically during their employment. Staff, people and their relatives told us they could speak to the registered manager if they had any concerns. The registered manager carried out formal supervisions and visual observations with all staff. We saw staff received an annual appraisal. We saw staff meetings took place.

People told us they felt safe with the care and support they received from staff. Staff were aware of safeguarding procedures and how to follow these. Staff had completed an induction and was allocated to support people in relation to their care and cultural needs.

Staff were sufficiently trained and knowledgeable about their roles and responsibilities.

People told us they were supported to eat and drink. Staff supported them to healthcare appointments and provided personal care as required to meet people's needs.

Medicines were managed, stored and administered safely.

There was a complaints procedure in place. People who used the service, their relatives and staff knew how to complain. Complaints and compliments were dealt with in accordance with the agency policy.

Accidents and incidents were recorded and trends and patterns were analysed by the registered manager.

There were systems in place to assess and monitor the quality of the service. Staff said there were good leadership within the service which promoted an open culture.

## 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. People did tell us sometimes they felt staff attended their home early or late. However, this did not impact on the care.

Medicine management was robust and staff had completed training in this.

Staff were aware of safeguarding and how to report any concerns to the management team.

### Is the service effective?

Good ●

The service was effective.

Staff had the skills and knowledge to meet people's needs.

Staff received supervisions, appraisals and practice observations.

People were supported to access healthcare services.

### Is the service caring?

Good ●

The service was caring.

All the people we spoke with told us staff spoke to them in a kind and respectful manner.

People's relatives told us they felt their family members were being well cared for.

People were involved in making decisions about the care and support they received.

### Is the service responsive?

Good ●

The service was responsive.

Care plans were in place at the service and people and their relatives were involved in these.

People said the registered manager and staff listened and dealt with any concerns or complaints.

**Is the service well-led?**

**Good** ●

The service was well led

Most staff and people told us the service was well led.

There was a registered manager in post at the time of our inspection who had systems in place to check and improve the service.

The home had mechanisms in place which allowed people using the service and their relatives to provide feedback on the service provision.

# Lotus Home Care Wakefield

## **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 was planned to check 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.

Our comprehensive inspection was announced. We gave the provider 48 hours' notice of our inspection as we needed to be sure someone would be in the office to speak with us. Inspection activity began on 24 September 2018 when we attended the office. We called people who used the service, relatives and staff by telephone. The inspection was carried out by one inspector and an assistant inspector.

Before the inspection we reviewed the information, we held about the service, and notifications about incidents which the provider is required to send us. We also contacted other bodies such as the local authority, safeguarding teams and Police to ask if they held any information about the service. We did not receive any information of concern.

We sent a provider information return (PIR) before this inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with four people and six people's relatives by telephone, and four members of staff. We visited the office and spoke with the registered manager, director of care and a volunteer. We looked at four people's care records including medicines administration records and daily notes, five recruitment files and other documentation relating to the running of the service.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe with staff. We spoke to people about their call times. People told us that sometimes staff were early or late to calls and they were not always the same staff. One person said, "There's no set time hardly. Like today, its due at about 15:30 and it could be 15:10 or 15:15, 15:45." Another person said, "Oh yes and I've got a regular crew. If they are going to be late they let me know, it's only 5 or 10 minutes."

We spoke to the registered manager who told us that care workers can sometimes run late by 15 minutes or in some instances go into properties 15 minutes early and Lotus Home Care do allow that 15-minute window. We saw evidence of the call system in place at the service, which showed the call times were within the 15-minute window.

We spoke with staff in relation to staffing. Most staff told us they felt there was enough staff however, some felt more was needed. One staff member told us, "I think there's been an issue with staff. People come into this kind of work not expecting it to be what it is. Until they get the right carers, there's going to be an issue. They asked if I wanted any extra shifts." Another staff member said, "I think we need a few more but, yes, I think they're managing." The registered manager told us they had recruited more staff and were in the process of induction.

We looked at the recruitment records for three staff members. We found recruitment practices were safe. Relevant checks had been completed before staff worked unsupervised at the home which included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

There were procedures in place in relation to safeguarding to make sure that any concerns about the safety of people who used the service were appropriately reported. Staff could describe different types of abuse and were clear on how to report concerns outside of the service if they needed to. This is known as 'whistle blowing'. Staff were familiar with the provider's safeguarding and 'whistle blowing' procedures.

Risks were identified in assessments in people's support plans which were appropriately assessed, managed and reviewed. We saw positive risk assessments had been carried out to minimise the risk of harm to people who used the service, while also maintaining and promoting independence. For example; personal care needs were clearly recorded to support and assistant where needed and instructed by the person.

The registered manager and director told us they operated an on-call system. They said there was always someone on call and available always. The registered manager told us that the people they support and their families had their mobile numbers in case of any emergency.

The agency had a file in the office which contained up to date policies to ensure any incidents were managed appropriately. These included; safeguarding vulnerable adults, whistleblowing and lone working.

All accident and incidents were recorded and the registered manager had completed all relevant paperwork and outcomes were recorded in accordance with their policy.



# Is the service effective?

## Our findings

Most people we spoke with were satisfied with the training and skills the care workers demonstrated. One person told us "We've been with them for quite a long time and I know when I see them working if they can do it. If I had any issues I would speak to someone." Another person said, "They all know what support I need staff are good. You get some better than others."

We spoke to the registered manager who told us, "There is a care plan in every client's home and this has a full breakdown of person centred care for each call that is required by the client. The tasks listing is also in easy read format for carers to locate and read in the client's home."

There was a rolling programme of training available which included moving and handling, safeguarding, emergency first aid, health and safety and infection control. Test papers were used to assess staff competency and learning. The training records we looked at showed staff were up to date with their required training. Staff said they got good support to enable them to carry out their role well.

Records showed that arrangements were in place which made sure people's health needs were met. Each person had a care plan which included details of their medication, details of visits to or visits by professionals which demonstrated that people had regular check-ups with GPs, dentists, chiropodists and psychiatrists. Staff were aware of the systems in place for people to be reassessed should their needs change.

Staff we spoke with told us they were well supported by the management team. Staff said they received spot checks and regular staff meetings. Staff had received an appraisal.

People or their relatives mostly prepared meals and drinks. Staff told us they sometimes went out shopping for the people they supported to purchase groceries. One member of staff told us they supported one person in preparing meals. Staff told us they would always ask the person if they required snacks or drinks before the end of the call.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw there was a good approach to the gaining and recording of consent, which made clear to people that they could amend or withhold their consent at any time. People signed their care plans and contracts of care to indicate their consent.

## Is the service caring?

### Our findings

People and their relatives told us staff were caring towards them. One relative told us, "[Name of person] is well looked after I feel happy knowing they are safe and well looked after in their home." One person said, "Yes they look after me ok they do."

People and their relatives told us they were treated with respect and dignity by the care workers. One relative told us, "Definitely. She looks forward to them coming." Another relative told us, "Yes they take their time. They don't rush her."

Staff spoke of the importance of maintaining independence for people who used the service. They described the way they did this through gentle encouragement. Staff said they felt it was important for people to have as much independence as possible.

Staff we spoke with demonstrated they knew people's individual likes, dislikes and care preferences. It was clear by the way staff spoke about the care they provided; they had built good relationships with people. They spoke warmly about the people they supported. They said they gave good care to people they supported and gave examples of how to promote people's dignity and privacy. Staff spoke of the importance of respecting people's privacy and being mindful when they were in people's homes.

Staff said they received training to help them understand how to provide good care. They confirmed they had time to shadow more experienced staff before providing care themselves. Staff felt spot checks were also valuable as part of their continuous learning.

There was evidence people who used the service and their relatives had been involved in care planning and identifying their support needs. Records showed people who used the service or their relatives had signed the care plans to show they agreed with them. One relative told us their family member had just had a review and was involved in this.

We saw daily care records were completed at the time of care delivery and signed by the staff members. One staff member said, "We complete daily notes. We have to write everything down." Daily records showed people's needs were being appropriately met.

## Is the service responsive?

### Our findings

Records showed people had their needs assessed before they began using the service. This ensured the service could meet the needs of people they were planning to provide a service to. We saw people who used the service were assessed prior to the care package being developed with evidence of relevant agencies and people's relatives' involvement.

Following initial assessment, the registered manager said care plans were developed detailing the care and support needed. A copy of the person's care plan was kept in the office. This ensured all staff had access to the information about the care and support provided for people who used the service.

Care plans we looked at contained details of people's routines and information about people's health and support needs. Information was person-centred and individualised. The care plans detailed the call times and peoples' preferences and how they wished their care to be delivered. For example, in one person's care plan we saw recorded; 'Support me in maintaining my independence'. In another person's care plan, it stated the type of cream the person preferred staff to use. This was recorded in the daily notes which showed care was given as requested.

Staff said they found care plans useful and they gave them information and guidance on how to provide the support people wanted and needed. Staff spoke confidently about the individual needs of the people who used the service. Staff told us they read the care plans before they started supporting people in their homes and were kept informed if care needs changed. Staff showed an in-depth knowledge and understanding of people's care, support needs and routines

People who used the service or their relatives we spoke with said they felt confident they could raise any concerns to the staff or management. People told us they were given information on how to complain when they first started using the service. A relative of a person who used the service said they would speak to the registered manager if they had a concern or complaint. All the relatives we spoke with told us information on how to make a complaint was contained in the family member's folder in their home.

Staff we spoke with told us people's complaints would be taken seriously and they would report any dissatisfaction to the registered manager. Staff were familiar with the complaints procedures and understood people's rights to complain.

We saw the service had systems in place to deal with concerns and complaints. There had been eight complaints at the time of inspection. The registered manager said they learnt from any concerns or complaints that came through and discussed this with the staff team. We saw evidence of this at staff meetings and in staff supervision files. The service had a complaints policy in place, a copy of this was on the notice board in the office.

We saw the service received many compliments. These included, 'Thank you to you and the girls for my care over the last few difficult weeks', and 'Can I pass on to staff, sadly very rarely do people take the time to pass

on positive comments, I think it's important for staff morale and your carers recognise the difference they make to people's lives'.

## Is the service well-led?

### Our findings

At the time of our inspection the service had a registered manager who worked alongside staff providing support and guidance where needed. We found the registered manager had knowledge of all the people who used the service and could describe in detail their specific needs and preferences.

Staff spoke positively about the management team and said they found them approachable. Comments included; "Yes, they've been really good. Our field supervisors have been out with us to do spot checks. Whenever you phone up there's always someone to hand." "I've always felt here that I'm supported and included in decisions that you need to be included in and that you're listened to and things need to be listened to. I feel more valued as a carer here, than I have done in the last sixteen years in care homes."

Staff told us they had regular staff meetings where they discussed items such as people who used the service, care plans, working practice and communication. Staff confirmed they were supported in their role and were aware of the registered manager's 'open door' policy.

People who used the service could express their views. We saw telephone calls to people in their homes and questionnaires completed from people on an as and when basis. These were mostly complimentary about the service. The registered manager told us they were in the process of sending out a questionnaire to people and their relatives. The registered manager told us they were looking at what communication would be best for them by either telephone, email or written.

The registered manager had an audit system in place which covered care plans and reviews, training, missed call log, spot checks, medication and any complaints or compliments. The registered manager looked for any trends. There was none identified at the time of inspection. The registered manager also completed call monitoring checks through the system which flagged up any calls that had not been completed or at the correct times. We saw evidence of an 80% positive response to these. Any action needed to be taken with staff was completed in supervision.

We looked at the way accidents and incidents were monitored by the service. Any accidents and incidents were monitored by the registered manager and the director to ensure any trends were identified. The registered manager had completed all relevant paperwork and the outcome was recorded in accordance with their policy.

We saw evidence of the registered manager working in partnership with the local GP's and other professionals who supported people in their homes. The registered manager told us they always looked at the quality of the service they provided and on ways on which to improve people's care.