

Lotus Home Care Limited

Lotus Home Care, Rotherham

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Lotus Home Care Rotherham is a domiciliary care service providing personal care support to people living within their own homes. The service was providing care and support to 93 people at the time of the inspection. These included older people and younger adults, people living with dementia, people with a physical disability, and people with a learning disability and autistic 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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

There had been times when the care delivered did not meet people's expectations. This had been related to staffing shortages. People told us their care calls were too late or too early and the continuity of care staff had deteriorated. Some people did not feel comfortable when their preference for being attended by care staff of a particular gender was not met. The provider was working to manage people's care and reduce any risk. The provider had successfully recruited new staff, call times were stabilising and there was better staff consistency.

We have made a recommendation about the provider's business continuity planning in relation to staffing.

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.

Right Care

People's care plans were up to date and detailed the care and support people wanted and needed, so care was person-centred. Risks to people's health and safety were identified and assessed to ensure safe care delivery for people. Overall, people's medicines were managed safely.

Right Culture

There was a culture of continuous improvement and the provider had strengthened their systems for monitoring the quality and safety of the service. The provider asked people and staff for their feedback

about the service and this was used to learn lessons and make improvements. The provider had further developed and improved their systems and processes to make sure people were consulted and kept informed.

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 4 August 2018).

Why we inspected

We received concerns in relation to the quality and safety of care provided, missed and late visits, the management and oversight of the service and medicine management. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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 good to requires improvement based on the findings of this inspection.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

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, Rotherham

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 carried out by 1 inspector and 1 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. The Expert by Experience's made telephone calls to people and their relatives.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 9 May 2023 and ended on 19 May 2023. We visited the location's office on 9

May 2023.

What we did before the inspection

We reviewed the information we held about 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 also gathered feedback from the local authority. We used all this information to plan our inspection.

During the inspection

We visited the office and spoke with the registered manager, directors, regional quality lead and 2 members of office staff. We reviewed records, including 4 people's care plans and risk assessments, 3 staff recruitment and training records and a variety of records relating to the management of the service, including quality monitoring systems and audits.

We spoke with 7 people using the service and 4 relatives by telephone to seek their feedback about the service.

After the visit we spoke with 3 care staff by telephone and received written feedback from a further 3 care staff regarding their views of the service. We reviewed further evidence submitted to us electronically, including care plan, risk assessments and day to day records of care. We reviewed further information about the management of the service, including information about call time management, quality monitoring systems, audits and policies and procedures.

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 good. At this inspection the rating has changed to 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

- The service had experienced a challenging period in staff recruitment, retention as well as Covid-19 related staff sickness. This had led to some people's visits being undertaken later or earlier than planned.
- Feedback from people and their relatives was mixed. One person said staff were, "More or less on time and will ring me if running late." Whereas other people said they had experienced very early and late calls and staff rarely let them know when they were running late. One person said, "It's very rare now you get regular staff. You are lucky if you get someone come out. Sometimes I only get 2 calls not 3. The morning call is supposed to be 8.45am but I can wait until 11.45am. Fortunately, I am not reliant on them to get me up."
- The provider's electronic call monitoring data showed there had been periods when some care calls were undertaken significantly outside of the planned times. The registered manager told us to respond to staffing challenges people's service had had to be prioritised on the basis of risk. They had sought support from another of the provider's branch offices, so in the short term, staff from outside the area were stepping in, to cover calls. Delays were in part, due to the staff who were helping out having to travel from out of the area, as well as local staff attending extra calls.
- It was clear the management team was working hard to address these shortfalls. We saw evidence of improvement, with call times stabilising, and better staff consistency. We saw care calls were scheduled allowing staff travel time between calls. However, there was a need to consolidate these improvements.

Using medicines safely

- The processes in place for managing and administering people's medicines were safe.
- People received their medicines safely and as prescribed. Medicine Administration Records (MAR) and PRN (as required medicines) records and protocols were in place. Although, people's feedback reflected the disruption in care call times had affected their confidence in the support they received with their medicines. One person said, "The original call times worked beautifully for me with my medication. I take a very strong painkiller and [the staff] monitor that I take it. The call times have got really bad. I do try to be flexible but it's not great." Another person said, "Staff do my medication if they are on time, but I can't rely on that." We discussed this with the registered manager who provided evidence of improvement in this area.
- Where people were prescribed pain relief medicines, to take when required (PRN) there was guidance for staff on the safe dose to administer and how people might indicate they needed their pain relief. Staff also had easy access to the British National Formulary (BNF) via an on-line link. This provides reliable information about medicines, including their uses and side effects.
- Staff had received medicines training and medicines and managers completed competency assessments to make sure staff were competent to manage and administer medicines safely.

Learning lessons when things go wrong

- There was a system in place to monitor accident and incidents and identify any lessons learnt.
- Staff members were aware to report any issues the office, including any accidents or incidents and there were appropriate processes in place for recording and investigating accidents and incidents.
- The registered manager analysed each accident and incident, to identify the cause and to identify any themes or trends. They used this information to help reduce the risk of further incidents.
- Where lessons had been learnt, action had been taken to reduce the chance of recurrence, including updating people's care plans and risk assessments.

Assessing risk, safety monitoring and management

- Risks to people were identified, assessed and well documented. Staff understood how to protect people from poor care and abuse and encouraged and enabled people to maintain their independence.
- Staff had access to risk management information to make sure the support they provided was safe and appropriate to meet people's needs.
- Assessments for people who had mobility needs and were at risk of falls, provided staff with information on the actions to take to minimise the risks. This included physical conditions which may impact people's mobility and increase risk, and equipment and support required to help them to mobilise safely.

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

- The provider had appropriate systems in place to safeguard people from abuse.
- We asked people if they felt safe with the staff and feedback was mostly positive. One person said, "We have a nice chat. I have got to know my regular [staff]. One relative said, "I do feel [my family member] is safe with [staff] they talk to [person]. They are nice to [person] I can't fault them for that. They explain what they are going to do." Although, there were people who said the recent disruption to their service and unfamiliar staff had led to them feeling less safe. For instance, some people said they did not feel comfortable because their preference for being attended by care staff of a particular gender was not always met. One person said, "I'm not keen when they send male carers in. I have asked for them not to send them."
- Staff received safeguarding training and knew how to report incidents of safeguarding and poor practice.

Preventing and controlling infection

- The provider made sure people were protected from the risk of infection.
- The provider had a policy in place to promote effective infection control practices.
- Staff completed training in infection prevention and control.
- Staff confirmed they were supplied with personal protective equipment (PPE) such as gloves and aprons. This supported them to prevent the spread of infection.
- Staff we spoke with had completed infection control training and had a good understanding of infection control practices.

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). 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 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.

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 good. At this inspection the rating has changed 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.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were recent periods when there were issues with the reliability of the service. The manager told us this was due to workforce pressures .
- There was clear evidence the management team worked hard to address these shortfalls, both in the short term and in the longer term. The provider had strengthened their system to monitor call visits, which helped reduce the risk of people receiving late or missed care calls. However, there was a need to consolidate these improvements.

We recommend the provider review their business plans in relation to staffing in light of recent learning related to recent workforce pressures.

- The provider was able to demonstrate improved effectiveness of their systems and audits. We saw the provider's quality assurance systems and processes had been strengthened to make sure they were effective in addressing issues and concerns and helping to drive service improvements.
- There were systems in place to audit people's care records and plans. We saw evidence this had improved the quality of care plans and risk assessments, medicines management, and adherence to the principles of the Mental Capacity Act 2005. There was effective managerial oversight of the service including of staff recruitment, training, and staff competence.
- The service had a registered manager in post at the time of our inspection. They understood their registered manager responsibilities under current health and social care legislation. They knew the different types of events they were required to notify CQC about and were aware of the requirement to display their CQC rating.

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

- People and relatives were satisfied with the care and support provided by their regular care staff. However, they were less positive about how the service was managed in recent months, the lack of consistency of staff and the timing and duration of care calls.
- We received mixed feedback about some people expressed dissatisfaction about the reliability of the service. Comments included, "I don't know who the manager is" and "They need better timings, and better communication." Some people said when they had raised concerns, they were not told what had been done to address their concerns.

- We spoke with the registered manager and regional quality lead, who provided evidence they had taken appropriate action and made real progress in addressing and responding to concerns people raised. They provided evidence they were successfully recruiting staff and had developed and improved their systems and processes to make sure people were consulted and kept informed. Although, there was a need to consolidate these improvements.
- Staff told us they worked well as a team to meet people's needs and felt supported by the registered manager.

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

- People were asked to complete satisfaction surveys on a regular basis to seek feedback about the service they received. This feedback was used to improve the service.
- The registered manager told us they worked with the local authority commissioners and health and social care professionals when needed, to make sure people's needs were met.
- Staff understood their roles and responsibilities and told us they were in regular communication with the office and registered manager. Staff attended staff meetings where various topics were discussed in relation to the management of the service.
- Members of the management team were clear about and acted on the duty of candour. The registered manager understood their regulatory responsibility and was open and honest when any incident occurred or when things went wrong. They fulfilled their responsibility to report certain events and incidents to CQC. They had worked openly with people, relatives and other professionals.