

# Lotus Care Management Services Limited

## Lotus Care Marmaduke Street

### Inspection report

13 Marmaduke Street  
Liverpool  
Merseyside  
L7 1PA

Tel: 01512610005

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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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Marmaduke Street is a residential care home providing personal and nursing care to 32 people aged 65 and over at the time of the inspection. The service can support up to 48 people in one adapted building. The home is situated over two floors, with residential support offered downstairs and nursing support upstairs. Both sections of the home specialise in providing care to people living with dementia.

### People's experience of using this service and what we found

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. However, we found decisions made in people's best interest did not always involve the most appropriate people. We made a recommendation about this.

There were systems in place to monitor the quality of the service. Although this had improved from the last inspection, we found there were still further improvements needed to ensure actions were followed through.

We found some issues with risk assessments not always being updated with information after incidents occurred. However, people told us they felt safe living at the home. People said the staff treated them with respect and kindness and we observed this.

People told us they felt they were involved in decisions about their care, but not with decisions about the home. We saw evidence the provider completed regular feedback surveys with people, and evidence residents and relatives' meetings were planned. However, these meetings had not actually taken place due to non-attendance. The registered manager is trying to address this.

Most care plans were detailed and contained information regarding people's preferences, likes, dislikes and routines. This helped staff support people in line with their preferences. However, we noted the level of personal information varied between files. In those instances, staff were still able to support people in line with their preferences as they knew them well and asked them.

People received the support they needed to eat and drink and maintain a healthy and balanced diet. Staff knew people's dietary needs and people told us they enjoyed the food available to them. People could enjoy snacks throughout the day and were able to choose alternative meals if they did not like what was on the menu.

An activities coordinator had been employed since the last inspection. This had improved people's experience in the home. People told us they enjoyed the activities and we saw this during the inspection.

Staff understood their role and had confidence in the manager. Staff told us they worked well together as a team, and there was good morale amongst them.

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 and update

The last rating for this service was requires improvement (published 15 June 2018) and there were multiple 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

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we 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?

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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

# Lotus Care Marmaduke Street

## **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 carried out 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

Lotus Care Marmaduke Street is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at 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

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our

inspection.

During the inspection

We spoke with ten people who used the service and three relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, improvement manager, senior care workers, care workers, activities coordinator and the chef.

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

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At the last inspection we recommended the provider review their approach for staffing numbers in the residential side of the home. At this inspection we found the provider had made improvements.

- People and relatives told us staffing levels were "generally safe". One person commented, "There are enough staff to care for me."
- Before the inspection there had been a complaint raised regarding staffing levels. The provider had introduced a 'twilight' shift to work of an evening, as a result of the concern raised. This appeared to have had a positive effect.
- The registered manager used a dependency tool to evaluate staffing levels based on people's assessed needs. The rotas showed the home was always staffed within these levels.
- Safe recruitment processes were in place. This ensured staff employed to work in the home were suitable.

### Assessing risk, safety monitoring and management

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe. Risk assessments were in place, however these were not always updated after incidents occurred. The registered manager told us these would be reviewed.
- Regular health and safety checks took place. However, we found some gaps in the recording of this. The registered manager told us when the maintenance person was off, staff completed the checks and only noted any issues in the maintenance book, instead of updating the record. This did not evidence if checks had taken place regularly in the time the maintenance person was off. We discussed this with the registered manager who agreed to address this.
- There were regular checks on equipment to ensure it was safe and fit for purpose.

### Using medicines safely

- Medicines systems were organised, and people were receiving their medicines when they should.
- The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Staff told us they were trained and assessed as competent before they administered medicines.
- PRN (as and when needed) protocols were in place detailing how and when medicine should be given. Some of these protocols needed to be more detailed. We discussed this with the registered manager who agreed to review these protocols.

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

- People and their relatives told us they felt safe at the home. Comments included, "I do actually feel safe here. They take very reasonable care," and "A few months ago [the person] wasn't safe at home, [the person] is safer in here with staff around."
- Staff were clear on the potential signs of abuse and how to raise any concerns they might have.
- Records showed that any potential safeguarding allegations had been reported, recorded and investigated in a timely manner.

#### Preventing and controlling infection

- The home appeared clean throughout. However, there were areas of the home that required re-decoration. We were told by the registered manager there was a plan in place to complete this work.
- Staff told us they had access to Personal Protective Equipment (PPE) such as gloves and aprons. We saw staff using these during the inspection.
- Staff received training in infection control.

#### Learning lessons when things go wrong

- A system was in place to monitor any incidents or accidents which occurred. This allowed for any patterns or trends to be identified so that action could be taken to prevent recurrence.
- Appropriate actions were taken following incidents, such as seeking medical advice and providing any necessary equipment.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection the provider had failed to ensure MCA processes were applied appropriately. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 11. However, there were further improvements needed in relation to best interest meetings.

- Consent to care and treatment was sought and recorded in line with the principles of the MCA 2005. When people were unable to provide consent, the best interest process was followed. We found this did not always include the most relevant people. One person's best interests had taken place with involvement from staff, but their care plan stated family were to be involved in decisions. We saw no evidence the family had been involved.

We recommend the provider seek advice and guidance from a reputable source regarding best interest decisions in relation to MCA 2005.

- DoLS were in place for people using the service to keep them safe from harm.

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

- We found the décor in some parts of the home could be improved to support people living with dementia.
- Bathrooms were adapted to ensure they could be accessed by all people.
- Equipment was in use to support people to move around the home independently.

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

- Prior to people moving into the home their needs were appropriately assessed to ensure that the home and staff working there were able to meet their needs.
- Staff used their knowledge of people's preferences to ensure they received personal care in their preferred way.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessment.

Staff support: induction, training, skills and experience

- People were supported by a well-trained staff team who felt supported by the registered manager.
- New staff members completed a structured introduction to their role. This included completion of appropriate training and completing shadow shifts with experienced staff.
- Staff members who were new to care were supported to complete the care certificate. The care certificate is a nationally recognised qualification in social care.

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

- People's nutritional and hydration needs and how they were to be met were recorded in their care plans. Where needed, this included information regarding specific diets associated with their individual needs. For example, food which was fortified.
- Most people told us they had a choice of food. Comments included "We have nice tasty meals and we get two choices every time," and "Every day we get good variety to eat".
- People were encouraged to maintain a healthy diet. When it was appropriate, people were regularly weighed and, if necessary, referrals were made to the GP or Dietician for advice.

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

- The registered manager worked with other health and social care professionals to help ensure people's healthcare needs were met. We saw evidence that appropriate referrals had been made, and staff followed guidance given.
- People living in the home and their relatives told us they felt supported when they were unwell. People felt they received timely care.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Regular resident and relatives' meetings were planned; however, we found no meetings had taken place as it was recorded there were no attendees. We discussed this with the registered manager who told us they were working on various ideas to increase attendance.
- People told us they felt involved in decisions about their care, but did not feel involved in decisions about the home. People said they would like more involvement with what goes on in the home. The registered manager agreed to address this.
- People and their family members told us they felt confident to be able to raise any concerns they had with the management and that they would be dealt with.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us they were well looked after. Comments included, "I feel looked after by them [the staff]", and "Staff are very good and helpful".
- Staff knew the people they were supporting well and used this knowledge to support people in line with their preferences.
- Staff showed concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way. People's right to privacy and confidentiality was respected

Respecting and promoting people's privacy, dignity and independence

- People told us staff protected their dignity and privacy. One person said, "Staff show respect and treat me with dignity by closing the door, explaining and giving me enough time to do things."
- People told us that staff encouraged them to be as independent as they could be, and records reflected this.
- People looked at ease and comfortable in the presence of staff. Conversations we heard between people and staff were characterised by respect and warmth.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection records relating to people's needs had not always been recorded accurately. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17. However, there were still some improvements needed to ensure all plans had a consistent level of personal detail recorded.

- People had an individualised plan of their care based on an assessment of their needs. Plans were reviewed regularly.
- People's likes, dislikes and what was important to the person were recorded in person centred care plans. However, the level of detail regarding people's preferences varied. The registered manager agreed to review this.

End of life care and support

- The service was not supporting anyone on end of life care at the time of the inspection.
- Care files we looked at showed discussions had been attempted with people regarding advanced care planning, but people had declined this. The registered manager told us they would look at ways to encourage these discussions.

Meeting people's communication needs; 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

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 care plans included information about their communication needs. The registered manager explained that information such as the service user handbook could be made available in large print. We could also see the complaints procedure had been written in picture format.
- We saw that people had developed friendships with others living at the service.

- Activities continued to be offered for people to take part in. An activities coordinator had recently taken up post in the home; this had improved people's experience.

#### Improving care quality in response to complaints or concerns

- A complaints system was in place and displayed in the service. The complaints log contained both complaints from people using the service and relatives. We saw complaints had been responded to appropriately.
- People living in the home and their relatives told us they would feel comfortable raising a concern.
- During the inspection we saw evidence the provider had acted on concerns raised. For example, staffing levels had been reviewed after a concern, and recent inspection findings from the providers other homes had been used to drive improvement.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent.

### Continuous learning and improving care

At our last inspection the provider did not have effective systems in place for assessing, monitoring and improving the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17. However, there were further improvements needed to ensure improvement actions were followed through.

- Audits were completed that identified improvement needs. However, we found there was no clear recording of what actions had been completed, or evidence of follow up of any actions that were still incomplete. We discussed with the registered manager and quality manager how quality assurance processes could be developed to evidence actions taken and oversight more robustly.

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

- During the inspection we saw examples of how the registered manager had responded to people's relatives when something had gone wrong. We saw appropriate action had been taken in these instances.
- However, some feedback from people's relatives indicated they did not always feel this process had met their need for responsive action and feedback. We discussed with the registered manager improving the feedback process and informing people what actions had been taken.

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

- People we spoke with told us they had not been asked for feedback about the home. However, we saw evidence that the provider had completed satisfaction surveys with people, or where appropriate their representatives.
- Resident and relatives' meetings had not taken place due to non-attendance from people. We spoke with the registered manager about trying different initiatives to encourage attendance. This was being addressed by the home.
- There were regular staff meetings and staff told us they felt supported in their roles, and management listened to their ideas.

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

- The service was caring and committed to ensuring people had a high quality of life. Most people provided positive feedback about the quality of care they received.
- Everyone we spoke with told us the manager was approachable and staff enjoyed working at the home.

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

- There was a registered manager in post who was supported by a quality manager. The provider had recently employed an area manager who would also provide support.
- The registered manager was aware of their role and responsibilities, including what events they needed to notify CQC about. They had submitted notifications in line with legal requirements and displayed the rating of the last inspection.

Working in partnership with others

- The registered manager worked closely with other agencies to ensure good outcomes for people.
- When referrals to other services were needed, we saw that these referrals were made in a timely way. For example, referrals to the falls clinic and physiotherapy to maintain people's mobility.