

Lotus Home Care Limited

# Lotus Home Care Limited

## Inspection report

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## Ratings

Overall rating for this service	Good ●
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?	Good ●

# Summary of findings

## Overall summary

### About the service

Lotus Home Care Limited is a domiciliary care agency providing personal care to 68 people with different health and care needs at the time of the inspection. The service supports people in their own houses and flats in Barnsley and nearby areas.

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

When we inspected the service, we took into account a balance of what people told us and what we found across the service, to make our judgements. Overall, people were satisfied with their care and spoke well of the staff. However, a recurring theme and clear issue was the reliability of call times and consistency of staff. The provider had an action plan to improve this and we made a recommendation.

Risk management, including infection control, as well as the planning and delivery of safe care, at times needed to be improved. We made a recommendation. However, oversight at local and provider level had identified most of the issues we found. A restructuring of the office and the governance of the service had been implemented to make the improvements needed. This included a focus on ensuring more frequent consultation of people and involving them in the service. A new manager was in post and overseeing the service alongside the existing registered manager. They re-introduced a newsletter, to start improving communication with people.

Person-centred care was underpinned by individualised plans. Although we saw variation in the level of detail, there was also evidence of a good knowledge of people's life stories and understanding of their needs. We received positive feedback about the outcomes the service helped people to achieve in partnership with other professionals and staff gave us examples of this. Staff felt well supported and were involved in the service through regular meetings. Staff spoke of people with warmth and understanding of the role they played in reducing people's isolation, maintaining their independence and promoting their quality of life.

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

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

### Rating at last inspection

The last rating for this service was good (published 31 May 2017). We checked to see if the service

maintained its good rating. We found that overall it had, although we awarded the lower rating of requires improvement for safe.

#### 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?

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 well-led.

Details are in our well-led findings below.

**Good** ●

# Lotus Home Care Limited

## 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 one Expert by Experience, who made phone calls to people using the service and their relatives. 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 had a manager registered with the Care Quality Commission (CQC). 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. A new branch manager had been appointed recently and they would be applying to register with CQC.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was to ensure managers would be available to speak with us. We also let the service know we would be making phone calls to people and relatives, we had sent letters to those we intended to call. We made phone calls on 3 December and visited the service's offices on 4 December 2019.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 used all of this information to plan our inspection.

During the inspection-

We spoke with seven people who used the service and five relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, branch manager, deputy manager and care workers.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including quality checks, reports and procedures were reviewed. As this was an inspection to check whether the service had maintained its good rating, we checked a smaller number of records.

After the inspection

The manager and registered manager sent us additional information about staff training, supervision and compliance visits by the local authority.

# 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 good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe.

### Staffing and recruitment

- People and relatives told us that call times and consistency of staff were often not reliable, particularly when people had several calls during the day. Some people felt their staff were more consistent than others, but main themes echoed comments stating, "They come early and then they come late for the lunch then two hours later they are back for the tea visit, well that is not right" and "It is all different [care staff], we do not know who is coming but they are all nice".
- The service was addressing these issues. Calls had been reallocated to a service closer to where people lived, office support had been restructured and managers were changing call routes and allocations, to create greater consistency for people and staff.

We recommend the service continues to review their staff planning and deployment, to provide a reliable and consistent service, and ensures effective communication with people about changes.

- The service continued to invest into ongoing recruitment. Incentives had been introduced for staff to reward reliability. New staff continued to be recruited using appropriate checks.

### Assessing risk, safety monitoring and management; Preventing and controlling infection

- Risks to people's health and safety had been assessed on an individual basis, using a detailed framework. This included risk of falls, malnutrition, pressure sores, as well as the environment. We discussed with managers how personalisation of these assessments could be developed further.
- Overall, people and relatives felt care was delivered safely. However, at times this needed to be more robust and underpinned by clearer plans. Risk assessments at times needed more detailed completion, to guide staff effectively. This was particularly the case when people required more complex care or support to move safely.
- We received mixed feedback regarding staff maintaining good hand hygiene and infection control, particularly when completing different tasks including personal care. Some confirmed staff always wore protective equipment, while other comments included, "They come in with their gloves in their pocket and some go out with the gloves back in their pockets. It makes you wonder if they are using the same ones."
- The provider had identified the need for more robust checks regarding infection control in their audit. Office support had been restructured, to help create more consistency in care plans.

We recommend the service ensures, with speed, the effective implementation of actions to achieve reliable infection control, as well as robust planning and carrying out of risk management.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The service needed to ensure that staff wore their identification badges more consistently, particularly as there were at times many different care workers visiting people.
- The service completed appropriate safeguarding investigations together with the local authority, when required.
- We saw examples of completed accident and incident forms. Lessons learned had been identified and recorded following complaints, to promote a better service. However, lessons learned from incidents or concerns, to prevent reoccurrence, also needed to be recorded.
- Staff were able to explain safeguarding responsibilities and had confidence in managers to address any concerns.

#### Using medicines safely

- People were supported to be as independent with their medicines as possible and this was appropriately risk assessed. A relative told us, "They do their medicines alright, there has never been a problem with that."
- Regular assessments of staff's competence to help people safely with their medicines were completed.
- The deputy manager was working with pharmacists and GPs to ensure prescriptions were clarified where needed. Medicines audits identified issues effectively, as well as actions to take. At times staff needed to ensure they restocked paperwork to complete before it had run out.



# 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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- An assessment of people's needs was completed before people started using the service, on which care plans were based. These included what people wanted to achieve with support.
- The service had achieved positive outcomes for people, for example reducing the amount of support people needed and achieving independence through teaching of skills. Staff had helped a person to become more mobile again, with input from health professionals.

Staff support: induction, training, skills and experience

- There was slightly mixed feedback from people and relatives about staff's competence to carry out their roles, although most comments echoed people saying, ""They all seem to know what to do and all the ones I have seen [use the] hoist are all OK" and "They do seem to know what to do, some are better than others."
- A variety of training was on offer to guide staff in their role and the registered manager was continuously developing this. For example, they had worked with practitioners to provide more in-depth mental health training. Staff received an induction mapped to the Care Certificate, which is a recognised set of standards for those working in health and social care.
- Staff felt well supported and told us office staff were always at hand if they needed advice. The service had a robust plan in place to improve the completion of some supervisions.

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

- When people needed support to eat regularly, the service needed to ensure reliable call times supported this, which we considered as part of staff deployment issues.
- People's food preferences and dietary needs were recorded in care plans. One relative told us, "They do snacks for [relative] who has not got a big appetite. [Relative] got fed up with ready meals and now has soup and sandwiches."

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

- The service worked with different health and social care professionals to promote and maintain people's wellbeing.
- Staff gave us examples of ensuring people saw a GP or other professionals when needed.
- The service had identified and addressed occasions when communication with health professionals needed to be more effective.

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 and found that they were.

- Assessments of people's mental capacity had been completed and included in care plans.
- Staff were able to explain the MCA and gave example of how they encouraged and promoted people's choice-making.

# 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 has remained the same. 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 and relatives told us that overall staff were kind and respectful. Comments included, "They are just wonderful with [my relative], they like [the staff] and they like [my relative], they are so nice and joyful when they come in", "They are lovely the [staff] that come here, they have been very kind and gentle with me", "They are nice to me" and "They are all ok really".
- When people or relatives had had an issue with their support, they had raised this with the office and it had been addressed.
- Staff gave positive, person-centred examples, that showed they knew people well and respected them. This included specific support to people's diverse needs, such as particular approaches to personal care that were respectful of people's religions.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- A copy of care plans was kept in people's homes. These included spaces for people to record consent to their care. Although not everyone seemed to be aware what was included in their file, people also told us, "We have got a care plan, it is in the folder, that tells them what to do."
- Care plans described what helped people to have a good day or a bad day, as well as how they felt their health conditions affected them, to help staff understand.
- There was a clear focus on promoting people's choice and decisions. This was evident from the first question in people's assessment, which asked whether and how the person needed to be supported to make choices and be independent.
- Staff gave us a very positive example of how they had supported a person with an encouraging, 'one step at a time' approach. This had helped the person to redevelop their self-worth and pride and had made a difference to their life.
- Information about people's advocates was included in their contacts. At present none of the people using the service required an independent advocate, however information to signpost to such services was available when needed.
- People's confidential records were kept securely in a locked office. The service had moved to paperless record-keeping on security protected electronic devices. Information for staff on how to comply with the General Data Protection Regulations (GDPR) was clearly displayed.

# 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 good. At this inspection this key question has remained the same. 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

- People's care plans noted their needs, requirements and preferences. Plans included rich and detailed life stories that described people's backgrounds.
- A standard template was followed to assess individual risks to health and safety. However, there was more personalisation and person-centred information included in detailed visit plans.
- The level of detail at times varied and needed to be developed. Feedback about reviews varied, although we also saw evidence of plans having been discussed with people. There was a clear plan in place to make the necessary improvements to care plans and reviews.

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.

- Care plans included information regarding people's communication needs and preferences.
- Important information could be made available in different formats on request to support people's understanding, such as in Braille or picture cards.

Improving care quality in response to complaints or concerns

- People and relatives knew how to make a complaint. One person said, "They have been out from the office to ask questions and do the paperwork, [my relative] says it is not too hard to get hold of them, I have had no complaints." A relative said, "The office rings me or [my relative] if there is anything wrong and you can get hold of them, it is just the times really."
- There was some mixed feedback about how the office had listened to and acted on concerns. However, we also saw examples of complaints that had been effectively recorded and resolved. The restructuring of office support was part of the plan to more robustly ensure people felt listened to, even if they did not wish to raise a "formal complaint".

End of life care and support

- The service worked in partnership with the clinical commissioning group to provide care for people at the end of their life.
- Emergency care assessments in place gave basic guidance but needed development and review. The registered manager raised this with the provider of their electronic care plans, to implement more robust development.

- However, we also saw many thank you cards, praising staff for providing dignified, respectful care to people at the end of their life. One stated, "You were and still are a credit to your job and I said many times it was more than a job to you all."

# 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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff spoke positively about the culture and leadership of the service. One staff member told us, "It is more like a family, you always have that support behind you. You always have that backup and someone for you to speak to. [Managers and coordinators] are very supportive, you can say. 'I am not happy with that' and they will sort it. If it is possible for them to do, they will."
- Details in people's care plans and examples of supporting people's faith-based needs evidenced a service that embraced people's individuality and diversity.
- We discussed with managers some variation in standards of experienced and planned care. Managers were clear and transparent about improvement needs they had identified, as well as actions already taken and planned to improve standards and address gaps.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities regarding the duty of candour. We discussed an example of meeting with relatives, to offer an apology and explain what would be done differently to prevent reoccurrence
- The office staff structure had been reviewed to make improvements. Additional coordinating staff had been employed and effectiveness of roles addressed. A branch manager had been recruited specifically to keep oversight of the location. They planned to register with the Care Quality Commission (CQC), to take over from the current registered manager.
- Statutory notifications about specific events had been sent to CQC and ratings from our last inspection were displayed on the provider's website and in the service, in line with legal obligations.

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

- Staff contributions were acknowledged and recognised, through Christmas gifts, an employee of the month scheme that had been reintroduced, as well as rewards for consistent reliability. Staff told us about their team meetings, "We have them every other month, they get pizza in, and go through changes. We get to say what is important."
- Surveys were sent out to people using the service, relatives and staff. Findings from surveys were analysed and actions to make the necessary improvements noted. The service was honest about the fact that the

frequency of some review processes, including staff surveys and six-weekly review calls with people needed to be improved. However, an additional coordinating staff member had been employed to help achieve this.

- Feedback about people's involvement varied. One person stated, "I have not heard from the office but everything is alright, so it does not matter", while another stated, "Visits from the office? Not really, I think someone came out for the paperwork a while ago, I have not been asked about anything. They do try and help if you ring but it could be better organised really."
- Managers had planned home visits to people using the service, as well as relatives, to help improve communication, keep people involved and updated on changes. We discussed the reintroduction of a newsletter, which was sent out to people and staff on the day of our visit.

#### Continuous learning and improving care

- A variety of audits and quality checks were in place to help the service to develop and make improvements. These had identified most of the issues we found at our inspection and a development plan was in place, for example to improve call time reliability and consistency.
- Oversight at provider level had identified issues effectively and noted clear actions to address them, with specific time frames for completion. An example was identifying the need to monitor more robustly the use of personal protective equipment by staff, such as gloves and aprons.

#### Working in partnership with others

- The service worked in partnership with local health and social care commissioners. A recent local authority compliance visit had been completed. This showed a few areas to be reviewed, developed and evidenced, however no areas of non-compliance.
- The registered manager liaised with other professionals to develop learning opportunities, such as more in-depth mental health training.
- The service had received a variety of compliments. A recent one read, "Having Lotus Home Care attend to [relative] took a lot of strain from [us]. The carers had really good banter with [my relative], whilst remaining professional. They are a credit to your company".