

Lotus Home Care Limited

Lotus Homecare Sheffield

Inspection report

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Date of inspection visit:
09 January 2019
10 January 2019

Date of publication:
19 February 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 9 and 10 January 2019. The inspection was announced. This meant the registered provider was given 48 hours' notice of our inspection visit. This was because the location provides a small domiciliary care service and we needed to be sure that someone would be available to meet with us.

Lotus Homecare (Sheffield) is registered to provide personal care to adults with a range of health and social care needs. This was our first inspection of Lotus Homecare (Sheffield) under the registered provider's registration with the Care Quality Commission (CQC).

At the time of the inspection Lotus Homecare (Sheffield) were supporting 70 people with the regulated activity.

There was a manager at the service who was registered with CQC. A registered manager is a person who has registered with CQC 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 and associated Regulations about how the service is run.

People raised concerns about the consistency of the staff that supported them. Some people spoke very positively and told us they felt safe and their care workers were respectful and kind. Where people did not have regular care staff they told us they did not always feel safe, because the care staff did not know their care needs as well as the regular staff. We shared specific concerns with the registered manager who took immediate action to resolve these concerns and improve people's experience.

We found there were systems in place to protect people from the risk of harm. Staff we spoke with could explain the procedures to follow should an allegation of abuse be made. Although there were a couple of examples where staff were not consistently following the providers procedures. The registered manager was aware of this and had addressed these concerns through direct supervision.

We found systems were in place to administer people's medicines safely. The service adhered to the local authority policy for the safe administration of medicines. Systems were monitored and any errors were reported and acted on to prevent reoccurrence.

Assessments identified risks to people, and these were regularly reviewed to ensure people's safety.

Staff were provided with relevant training and supervision to make sure they had the right skills and knowledge to support people. Some staff said they would benefit from additional training in safeguarding vulnerable adults and catheter care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The registered provider's policies and systems supported this practice. People

had consented to receiving care and support from Lotus Homecare (Sheffield).

People were supported to maintain a healthy diet, which considered their culture, needs and preferences, so their health was promoted and choices could be respected.

Some people felt complaining did not improve the service they received as any concerns they raised weren't responded to or acted upon. People told us they did not always get a response when they telephoned the agency office.

Systems were in place where managers monitored and reviewed the quality of the service provided to people. However, we found that these systems needed further embedding to ensure continuous improvement of the services provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

People did not always receive their care from the same staff which impacted on how safe they felt.

Staff were aware of their responsibilities in keeping people safe although there were occasions when staff were not consistently following the providers procedures.

Appropriate arrangements were in place for the safe administration of medicines.

Is the service effective?

Good 

The service was effective.

Staff were provided with relevant training to ensure they had the skills needed to support people. Staff were provided with supervision and appraisal for development and support.

People had consented to the support provided by Lotus Healthcare (Sheffield).

Staff supported people to eat a balanced diet to maintain their health.

Is the service caring?

Good 

The service was caring.

People using the service spoke highly of their regular care staff and told us their regular care workers were kind and caring.

People were supported to contribute to their care plan.

Staff knew how to ensure privacy and confidentiality were protected at all times

Is the service responsive?

Good 

The service was responsive.

People's care plans contained relevant details and were reviewed and updated as required.

Staff understood people's preferences and support needs.

People were confident in reporting concerns to their care worker and registered manager and felt they would be listened to.

Is the service well-led?

The service was not always well-led.

People felt communication from the office could be improved.

There were quality assurance and audit processes in place to make sure the service was running safely, however these needed further embedding to improve the quality and safety of the service.

The service had a full range of policies and procedures available for staff so they had access to important information.

Requires Improvement ●

Lotus Homecare Sheffield

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.

This inspection took place on 9 and 10 January 2019 and was announced. We gave the service 48 hours' notice of the inspection visit because the registered manager is often out of the office supporting staff or visiting people. We needed to be sure that they would be in

This service is a domiciliary care agency. It provides personal care to people living in their homes. The service provides support to people in their own homes who need additional support to meet their needs.

Prior to the inspection, we gathered information from a number of sources. We reviewed the information we held about the service, which included correspondence we had received and notifications submitted to us by the service. A notification should be sent to CQC every time a significant incident has taken place. For example, where a person who uses the service experiences a serious injury.

We reviewed the Provider Information Return (PIR), which the registered provider completed before the inspection. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted Sheffield local authority and Healthwatch Sheffield to obtain their views of the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. All the comments and feedback received were reviewed and used to assist and inform our inspection.

During the inspection, we visited and spoke three people at home with their relatives and we telephoned six people who received support, and spoke with them or their relatives to obtain their views of Lotus Homecare (Sheffield). We spoke with the nominated individual, the business development manager, the registered manager, one care coordinator, one field care supervisor and three care workers.

We reviewed a range of records relating to how the service was managed. These included care records for three people and other records relating to the management of the domiciliary care agency.

Is the service safe?

Our findings

People receiving support said they felt safe with their regular care workers but others expressed concerns about consistency of staffing. Comments included, "I feel very safe with [named care worker]," I can't fault [named care worker] we have a good relationship and she makes me feel safe. But I dread it when [named care worker] is off because you don't know who is coming to the door." Another person told us, "The turnover of staff is ridiculous, it's a lottery you just don't know who will turn up at your door."

We spoke with the registered manager about what people had told us. The registered manager told us staff recruitment and retention had been identified as a priority and ongoing plans were in place to recruit new staff. This showed the provider was aware of people's concerns regarding an inconsistency in staffing and were taking action to improve this for people.

We saw a policy on safeguarding vulnerable adults was available. This meant staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. Staff told us they knew these policies and procedures were available to them.

Staff were clear of the actions they would take if they suspected abuse, or if an allegation was made so correct procedures were followed to uphold people's safety. All the staff spoken with confirmed they had been provided with safeguarding training.

Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said they would always report any concerns to the registered manager and they felt confident the registered manager would listen to them, take them seriously and take appropriate action to help keep people safe.

Risks to people's safety were assessed and information was recorded in people's support plans detailing the support they required from staff to manage the identified risks. The risk assessments seen covered all aspects of a person's activity and were specific to reflect the person's individual needs. We found risk assessments had been regularly reviewed and updated as needed to make sure they were relevant to the individual and promoted their safety and independence.

The service had effective recruitment practices that ensured the safe recruitment of staff. We looked at four staff recruitment records. Each contained a full employment history. They also contained proof of identity, an application form detailing employment history and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the service. Each of the four files contained two written references. We found a policy on staff recruitment was in place to support and inform these procedures.

The service used an electronic care planning system that could track when staff had arrived and when staff

were leaving their planned visit. Staff used their mobile phones to log in and out of visits. This was monitored at the office and in the event of a missed call the office were alerted straight away and could take immediate and responsive action to ensure the person using the service received their support. However, we did see that the system did not always work effectively. For example, one person told us they had visits more than an hour later than the agreed time and another person told us they had a visit more than an hour early.

We discussed these concerns with the registered manager, who was not aware of the concerns. They took immediate and responsive action to investigate these concerns.

People's medicines were managed safely. There were clear procedures in place for giving medicines. Staff had regular assessments of their competency to administer medicines. Staff told us they received regular training and spot checks to assess their competence. The service engaged with healthcare professionals in relation to reviews of people's medicines to ensure they remained appropriate and safe.

Following the inspection, we received a concern alleging a named person's medicines administration records (MAR) had not been put in place. We spoke to the registered manager about this and from their responses we were satisfied reasonable steps had been taken to address associated risks. People were protected by the prevention and control of infection. Staff had a clear understanding of their responsibilities in relation to infection control and hygiene. Staff told us they had access to gloves, aprons, protective footwear and hand sanitiser to make sure people were protected from the risk of infection.

Staff had received training in food hygiene. However, we received mixed feedback from people using the service about staff following the procedures for when food is prepared and stored. They gave examples of staff not clearing food away and not being able to use a microwave. Comments included, "Bread, butter, milk they just left everything out on the side and don't put anything away" and, "Some staff lack basic common sense. It's the little things that add up and then become a major thing."

We shared these comments with the registered manager who gave assurances she would follow this up. Following the inspection, the registered manager contacted us to say they had addressed this directly with all staff.

The provider had a system in place to learn from any accidents or incidents to reduce the risk of them reoccurring. The registered manager analysed accident and incident records every month to identify any trends and common causes.

A business continuity plan policy was in place and recorded actions to be followed in response to emergencies or untoward incidents. For example, if bad weather affected how the service could be delivered.

The service had a number of policies and procedures that supported staff to respect people's rights and keep them safe from harm.

Is the service effective?

Our findings

People spoke highly of their regular care workers from Lotus Homecare (Sheffield). One person told us, "My regular carers are fantastic, they are professional and treat you with dignity" and "My regular care workers are on the ball and really good."

People's needs were assessed and a detailed support plan was written for each person which guided staff on how to care for them. This was kept under regular review. People and their relatives were involved in this process. They were asked to provide important information about their likes, dislikes and life history, so care could be delivered in accordance with their needs and preferences.

All staff received an ongoing programme of training which provided them with the knowledge and skills they needed to care for people effectively. We checked the staff training matrix, which showed staff were provided with relevant training so they had appropriate skills. Staff spoken with said they undertook mandatory training such as food hygiene, first aid, medicines and safeguarding was provided. The matrix showed training in specific subjects to provide staff with further relevant skills were also undertaken, for example, training on end of life support, fluid and nutrition and dementia. However, some staff felt they would benefit from additional safeguarding training to increase their knowledge and provide them with additional support. We spoke with the registered who said they would address this request and look at organising additional training as soon as possible.

We found staff were completing the Care Certificate as part of their learning and development. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support.

Staff were provided with the necessary support and supervision to enable them to do their jobs. Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives. These are important to ensure staff are supported in their role. The records showed staff had been provided with regular supervision and an annual appraisal for development and support. All the staff spoken with said they received formal supervisions and could approach management at any time for informal discussions if needed. This showed staff were appropriately supported.

People were supported to maintain a balanced and varied diet that met their nutritional requirements. Staff were knowledgeable about which people required a special diet and staff training included food safety and preventing dehydration. The registered manager told us if people required a specialist diet due to health or cultural reasons, this would be individualised to the person's preferences and clearly recorded in their support plan.

Staff worked together as a team to provide consistent care to people and were passionate about their work.

They had regular opportunities to discuss people's care at staff meetings which took place every month and every three months staff were sent a newsletter about things that were working or not working in the service or if there had been any changes which may affect the service. The newsletter included articles about winter, call monitoring, the recruitment of new carers and changes within the service. This helped to ensure all staff were informed of any changes to people's needs so they could provide the correct level of support to people.

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.

For people being supported in the community, who need help with making decisions, an application should be made to the Court of Protection.

The service was working within the principles of the MCA. We found policies and procedures were in place regarding the MCA so staff had access to important information. People's capacity to make their own decisions had been considered, where appropriate. Where people lacked capacity to make certain decisions this was recorded within their support plan. We found some best interest decisions had been made and they had been recorded in people's support plans. Care records recorded if a person had lasting powers of attorney and if an advance decision for medical treatment had been made.

Staff worked closely with other organisations to deliver effective care and support to people. They sought advice from community health professionals such as the GP, district nurses and speech and language therapists. This process supported staff to achieve good outcomes for people and to help people maintain their health.

Is the service caring?

Our findings

People and their relatives told us their regular care staff had taken the time to get to know them well, and treated them with kindness and respect. They described regular care staff as "nice", "friendly", "patient" and "caring. They told us regular care staff spoke to them with respect, and listened to what they had to say.

People told us, regular care staff were kind and compassionate. They had formed strong relationships with people and clearly knew them well. They used their knowledge of people's personal preferences to care for them in the way they liked.

We spoke with staff and asked them how they would ensure they respected people's privacy and dignity. Staff told us they would make sure that doors and curtains were closed when they were assisting people and they would try to keep people as covered as possible. Staff told us they understand the importance of encouraging people to do as much as they could for themselves to maintain their independence.

Each care plan checked contained details of the person's care and support needs and how they would like to receive this. The plans gave details of people's preferences so these could be respected by care workers. People and their relatives were involved in reviews about their care. People were asked about their likes, dislikes and preference's and these were recorded in their support plans. One care worker told us, "The care plans are brilliant, they give you so much information, down to even what kind of soap a person prefers."

We saw the provider had a comprehensive policy in relation to equality and diversity and information on the subject was included in the induction which was delivered to all staff before they started work. Staff could explain to us how they would be able to meet people's specific needs in relation to their culture or religion.

Systems were in place to ensure issues relating to confidentiality and dignity were promoted, all staff signed confidentiality forms. Most people spoken with said care workers understood the importance of confidentiality and were both kind and respectful. All the staff spoken with were aware of the requirements to keep information about the people they were supporting confidential. Staff could describe how they respected people's right to privacy.

The information which was held by the service was securely stored. information which was stored electronically which could be accessed securely from anywhere, which meant that even if the office was not accessible for any reason staff could still access all the key information they would need.

Is the service responsive?

Our findings

People receiving support and their relatives spoken with were aware they had a care plan and felt they were involved with their care and support. People told us they had been consulted by senior staff in subsequent reviews of their care plans. People spoken with said senior staff had visited them in their home to discuss their care needs and agree their care plan before support was provided.

People's support plans were person-centred and described the support they needed from staff. They were reviewed six monthly or sooner, if a person's needs changed. This helped to ensure they were up to date so people would receive the correct level of support from staff.

The registered manager and all other staff spoken with clearly knew the people they supported very well and could describe in detail their support needs, likes and dislikes. All staff we spoke with were well informed about the people they provided care and support to. They were aware of their likes and dislikes, preferences and interests, as well as their health needs, which enabled them to provide a personalised service.

Support plans clearly documented people's likes, dislikes and social histories. They were personalised to each person using the service. They contained specific details about important events in a person's life, important people in the person's life and things that make them smile. This helped staff provide a more personal service to each person living in the home.

The care plans checked contained information on relevant health conditions and details of the actions required of staff to support any specific medical conditions, so that staff were aware of important information. This showed this aspect of people's individual and diverse needs were known and met.

People's communication needs were identified and recorded so staff knew whether people needed to be provided with information in a particular way. This helped to ensure people were given the information they needed to remain actively involved in making decisions about their care.

People gave us mixed feedback about raising complaints. Some people told us they felt comfortable raising complaints and that they were listened to. One person told us, "Things are getting better, you never used to be able to get a response from the office" and "I have made a complaint about the changes in staff and the registered manager sorted it out for me."

We looked at the registered provider's complaints policy and procedure. It included information about how and who people could complain to. The policy explained how complaints would be investigated and how feedback would be provided to the person. There was also advice about other organisations people could approach if they chose to take their complaint externally. For example, the CQC and the local authority. Information about complaints was also in the 'Service User Guide' and each person was given a copy of when they started to use the service. We found copies of the 'Service User Guide' in the care files kept at people's homes. This showed people were provided with important information to promote their rights.

The provider had systems in place to support people at the end of their life to have a comfortable, dignified and pain-free death. Staff had received training in this area and spoke about the importance of keeping people comfortable.

Staff we spoke with said the registered manager was accessible and approachable and dealt effectively with any information.

Throughout this inspection, the registered manager demonstrated a responsive approach and dealt with issues immediately and effectively.

Is the service well-led?

Our findings

We received mixed comments about the management of the service. comments included, "The office leaves a lot to be desired, the turnover of staff is ridiculous" and "There's no point ringing the office they don't take any notice." Other people made more positive comments about the management of the service. These included, "There's been a bit of a shake up and the registered manager is at the office much more often, they [registered manager] get things sorted out. The service is getting better."

The registered manager and provider were keen to promote the provision of high-quality, person-centred care. We observed a positive, welcoming and inclusive culture within the service which was driven by the registered manager. Staff and managers were clear about their roles and responsibilities.

All staff felt well supported by the registered manager and they provided positive feedback about how the service was run.

We looked at the arrangements in place for quality assurance and governance and found some improvements were needed. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations.

We found a quality assurance policy was in place and saw audits were undertaken as part of the quality assurance process, covering all aspects of the running of the service. Records seen showed senior staff undertook regular audits to make sure full procedures were followed. Those seen included audits of care plans, MARs and daily records.

As part of the quality assurance procedures, we found spot checks to people's homes took place to check people were being provided with relevant and appropriate support. However, the audits and spot checks had not identified the concerns we had found on inspection. This meant the quality assurance systems were not always effective in practice.

Following our inspection, the registered manager met with all office staff to remind them of the obligations and expectations of their role. They implemented further staff training in specific areas, for example specific health related training and housekeeping and they met with relatives and family members of people who had any concerns. People were very happy with this response and the changes the registered manager made to the service because of listening to their views and opinions.

Staff told us the service had an open and transparent culture. All staff were comfortable raising any concerns or ideas with the management. Staff told us they were listened to. It was clear from our discussions with staff that they enjoyed their jobs. They were keen to achieve good outcomes for people.

People, their relatives and visiting professionals were asked to complete surveys to obtain their views of the service. The results were analysed by the provider and used to continuously improve the service. Action

plans were created where necessary.

The registered manager understood regulatory requirements Registered persons are required by law to notify CQC of any incidents of or allegations of abuse. The registered manager had submitted timely notifications for other notifiable incidents in accordance with the regulations.