

Lotus Home Care Limited

Lotus Home Care, Rotherham

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Lotus Homecare Ltd is a domiciliary care agency (DCA) and it provides personal care to people living in their own homes. It provides a service to support people who require a range of personal and care support related to personal hygiene, mobility, nutrition and continence. Some people were living with early stages of a dementia type illness or other long-term health related condition. Most people lived reasonably independent lives but required support to maintain this independence. At the time of this inspection the service provided 1300 hours of personal care to 77 people. This is the first inspection of the service.

There was a registered manager in post at the time of our visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Feedback that we received from people and their representatives about staff and the service was very positive. People who used the service felt they were treated with kindness and said their privacy and dignity was respected. Staff had a good understanding of legislation designed to protect people's rights and were clear that people had the right to make their own choices.

Staff were involved and committed to achieving the service's values and vision. The service had systems to monitor and review the quality of the care provided. Most people told us they had continuity of care workers. They said staff always arrived on time and stayed for their allocated time. They told us staff always completed the tasks required of them along with any additional requests. People were supported by staff who demonstrated kindness and compassion.

Staff knew people well. They understood people's physical, social and emotional needs. Staff had a good understanding of the procedures to follow to safeguard people from the risk of abuse. Staff recruitment was thorough and there were enough staff employed with the right skills to meet people's needs.

Risk assessments were carried out in relation to people's homes and to their individual needs and actions were taken to mitigate any risks identified. Medicines were handled safely by staff who had been trained to do so.

Spot checks were carried out to monitor staff performance. Staff attended regular training to ensure they could meet people's needs. There was a thorough induction to the service and staff felt confident to meet people's needs before they worked independently. Staff felt supported by the managers and providers and could visit the office to discuss any matter that they wished. Staff told us they felt supported, listened to and valued.

The registered manager and providers had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS are

regulations that have to be followed to ensure people who cannot make decisions for themselves are protected. They also ensured people were not having their freedom restricted or deprived unnecessarily.

Care plans provided comprehensive information about how people wished to receive care and support. These were reviewed and updated and reflected a person-centred approach to care. People were asked for their view on the service and support they received and were aware how to make a complaint. There was an open and positive culture at the service where people, relatives and staff felt listened to.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from harm. Risks to the health, safety or well-being of people who used the service were understood and addressed in their care plans.

Staff had the knowledge, skills and time to care for people in a safe manner.

There were safe recruitment procedures to help ensure that people received their support from staff of suitable character.

We found that medicines were administered safely

Is the service effective?

Good ●

The service was effective.

The service ensured that people received effective care that met their needs and wishes.

Staff were provided with effective training and support to ensure they had the necessary skills and knowledge.

Staff were aware of the requirements of the Mental Capacity Act 2005.

Where applicable people were supported with their health and dietary needs.

Is the service caring?

Good ●

The service was caring.

Staff were committed to a person-centred culture.

People who used the service were very satisfied with the care they received.

People felt staff always treated them with kindness and respect.

Is the service responsive?

Good ●

The service was responsive.

Care plans were in place outlining people's care and support needs.

Staff were knowledgeable about people's support needs.

People were involved in their care planning and decision making.

People and their relatives knew how to make a complaint. When people had raised concerns these were dealt with quickly and appropriately.

Is the service well-led?

Good ●

The service was well led.

Quality monitoring systems were used to monitor and improve the service provided to people.

People felt the management of the service was effective and available.

There was a positive and open culture at the agency.

Staff told us the management and leadership of the service was supportive and approachable.

There was a clear vision and values for the service, which staff promoted.

Lotus Home Care, Rotherham

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 was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure there would be staff available in the office.

Before the inspection, we checked the information held regarding the service and provider. This included any statutory notifications sent to us by the service. A notification is information about important events which the service is required to send to us by law. We also reviewed the Provider Information Report. This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make.

The inspection visit to the office was carried out on 5 June 2018 by an inspector. During the inspection we spoke with six staff members, including the deputy manager. We met with the provider and director of care.

We spent time reviewing records, which included seven support plans that included medication administration records, staff rotas, training records and four recruitment files. Other documentation related to the management of the service such as policies and procedures, compliments, accidents and incidents and quality assurance records were viewed.

Following the inspection an assistant inspector spoke with three people on the telephone and four relatives of people receiving a service to gain their views on the care and support provided.

This was Lotus Homecare Rotherham's first inspection with the Care Quality Commission.

Is the service safe?

Our findings

People told us they felt safe in their homes. They were happy with the arrangements and knew who was coming to support them on each visit. Relatives felt comfortable to leave people in the care of the support staff. Comments included; "Mum is kept safe yes", "I feel very safe, safe as houses", "Yes I like them and I feel safe absolutely" and, "I think he is safe yes, we're very lucky to have Lotus."

There were safe systems for the management of medicines. Risk assessments had been carried out to assess how much support people needed with their medicines. Those who needed support had confidence in the staff and they received their medicines as they should. One person said, "The staff help me, I have a nomad, I do take some medication myself and they watch me take them. I do get it when I need it." Staff were trained to prompt and administer medicines safely. Staff told us they received adequate training and felt confident in completing this task. Staff completed medicines administration records (MAR) which we found to be completed fully and without omissions.

There were enough staff to meet people's needs. People and their relatives told us staff were reliable and visits were always covered with staff attending at the expected time. One person said, "Yes there is we've never had a problem, there's never been any missed calls or anything like that so yes." Another person told us, "Oh yes, no problems there, they're all absolutely fantastic." People did not always know what staff member was coming. One person said, "There needs to be more continuity with staff, there's often four different people coming to see me every day I wish there was a bit more continuity with them. I don't know who's going to come through my door and it worries me sometimes."

Staff used their smart mobile phones to log in and out at the beginning and end of their visits. In this way the deputy and registered manager in the office could monitor the visits being completed and be alerted if any visits were running late or had been missed. Staff also contacted them if they were running late or early. In this way the management team had an oversight and could co-ordinate a response in an emergency and keep people updated if there were any changes to the time of their visits. However, we did see that the system did not always work efficiently. For example, one person had visits in excess of an hour later than the agreed time and another person in excess of an hour early. The director of care told us this would be addressed directly at staff supervision.

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. Staff had undertaken training on safeguarding people and could discuss different types of abuse, and how they could identify the risk of abuse and what to do if they had any concerns. Staff also had an understanding of equality and diversity. They told us they would ensure people were not discriminated against and were treated equally.

Staff recruitment checks were undertaken before staff began work for the service. This helped to ensure, as far as possible, only suitable people were employed. This included an application form with employment history, two references and the completion of a Disclosure and Barring Service (DBS) check to help ensure staff were safe to work with adults.

Risks posed to, and by, people were assessed and managed safely. Risk assessments provided staff with information and actions to reduce the risk that covered the individual and the environment. For example, moving and handling assessments confirmed the correct equipment and practice was followed. There were systems for the recording of accidents and incidents. A system was in place to ensure all accidents and incidents were recorded along with actions taken and any measures put in place to reduce any reoccurrence.

Staff had access to and wore personal protective equipment (PPE) including gloves and aprons during their visits. Staff were up to date with infection control training and demonstrated a good understanding of how to prevent the spread of infection. For example, staff told us how they washed their hands before giving any medicines. Staff had also received training on basic food hygiene.

Is the service effective?

Our findings

People told us that they received care and support that met their needs and that choices were given to them about the care they received. One person told us, "Yes no problems, I can do most things myself like washing and dressing myself but it's nice to have some support when I go to bed and when I'm doing things like that."

Assessments were carried out prior to people commencing care. The person's needs were identified with their input and a person centred care plan created, which was reviewed and updated regularly. Care plans included information on any healthcare concerns, nutrition and hydration requirements, risk assessments for example, regarding manual handling, these stated the number of staff required for assisting people when receiving help to shower. Care plans also contained information regarding people's medicines.

New staff undertook an induction programme which staff said they benefitted from. One staff member told us, "I found it all really useful, the training and the shadowing gave me the knowledge and confidence for when I began to work alone." The training was mapped to the Care Certificate standards. The Care Certificate is the industry standard which staff working in adult social care need to meet before they can safely work unsupervised. Staff's competence was assessed regularly and discussed in regular supervisions.

Lotus HomeCare Rotherham Ltd were not supporting people with eating and drinking at the time of our inspection, as no-one required this care. As such people, did not have food/fluid charts within their care plans. The deputy manager confirmed that if they were concerned regarding a person's eating or drinking that they would liaise with the GP regarding this.

The registered manager involved a range of external health and social care professionals in the care of people, such as: community nurses, social workers and GPs. Staff ensured people's health care needs were being met and if they had any concerns regarding a person's health then this was communicated with the relevant professional. People benefited from staff having good working relationships with external agencies to co-ordinate their care.

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 were asked to sign their consent to the care provided, which records confirmed. People's responses, when asked if staff sought consent, included, "They tell me everything that they do so I would say yes" and, "I tell them what I want and when I want it, I can voice my opinion."

Is the service caring?

Our findings

People and relatives were complimentary about the staff providing the service and the way they delivered care and support. Feedback indicated that staff were very friendly but maintained a professional approach. Staff addressed people and their relatives by their preferred names. One relative said, "I have never met five such different but lovely caring staff." People's comments included, "They're very good, mum can't respond but they have a lot of patience", "They speak with her very respectfully and they call her by her first name, they are extremely patient", "They do listen to me, my daughter helps out a lot and I know that she's happy" and "Yes of course, they really do cheer me up they can always tell when I'm feeling good they make me feel better. I miss them when they don't come."

Staff demonstrated a commitment to people they looked after and their relatives, recognising the important role of caring for them too. One relative said, "They're all really nice lasses and fellas." Another said, "Yes they know us well, they've been coming for a while now." Relatives were confident staff were committed to people, taking an interest in them and willing to build a caring relationship. Comments included, "Yes they are very kind, I can't fault them I get on with everyone. We always have a laugh and a joke they're very good to me" and, "They try and give me the most support they can but sometimes I feel a bit lost and lonely. I just can't do things on my own. There have been a few people who have been concerned about me and have contacted me. They provide me with a lot of support, they are very understanding."

Staff worked as a dedicated team with an emphasis on providing good and individual care to each person. The registered provider promoted caring principles throughout its service which included the support for staff. This demonstrated a caring approach to staff working for the service. Staff visited the office often, meeting with the managers. There was a relaxed atmosphere within the office where staff spent time chatting, sharing information and providing support to each other. One staff member said, "The provider and managers are wonderful. They genuinely care about all the staff."

Confidential information was handled appropriately by staff and this included the use of any electronic information. There was a policy and procedure on confidentiality and confidential records held in the office and were locked in cabinets or password protected computer systems. The staff training programme included handling information, and staff had a good understanding of how they maintained confidentiality.

Is the service responsive?

Our findings

People were complimentary about the care they received and said staff were responsive to their needs. One person said, "I do most things for myself but they adhere to what I ask anyway." Conversations with people indicated that they contributed to the development of their care plan. One person said, "Yes I've written it with them'." Another person told us, "Yes I am happy and I did it with my son, no problems at all."

Care records we looked at were personalised and included information about personal histories, communication, health needs and details regarding a person's protected characteristics such as race and beliefs as well as details of a person's individual needs and preferences. For example, a preference for female staff to provide personal care. Information about people's changing needs was shared with staff via communication books in people's homes and conversations at staff meetings.

Staff understood the need to adhere to people's care plans in order to provide continuity of care and support. They told us they had the time to read and refer back to care plans, which they were able to access securely, at any time, on their mobile phones. People's care plans were kept under review by the management team to ensure the information they contained was accurate and up-to-date.

People and their families were aware of how to complain if they needed to. The registered manager told us they went through the complaints procedure when they met people and their families who were new to the service. People confirmed this was the case. They told us they found the service to be responsive in the way they received complaints and acted to resolve them. One person told us, "I made one complaint once because they came way too early to put [person] to bed but they sorted it out in the office and it hasn't happened since." Another person said, "I made a complaint once regarding late calls but they sorted it. They did come from the office to speak with me, they've been very nice. It hasn't happened since."

Is the service well-led?

Our findings

People and their relatives told us they believed the service was very well managed. They told us the managers knew them and responded quickly and effectively to their needs. They were satisfied with the service provided and were comfortable with any contact made with the office staff. Comments made included, "They keep us well informed", " They do ring me sometimes but they do let us know if they're going to be late or anything," and " They definitely communicate with us well, they always let us know what's going on."

There was a clear management structure with identified roles and responsibilities within the DCA. The deputy manager and director of care had experience of working in adult social care and displayed a sound knowledge of the service's policies and procedures and the individual needs and preferences of people who used the service. The registered provider was in regular contact with the office and maintained a management and operational oversight. Care co-ordinators had an allocated responsibility for staff support, staff training and review of their practice.

The service had a clear set of values and a vision that staff understood and followed in practice. The registered provider told us the aim and focus of the service was to, 'deliver outstanding services to people.' To do this the registered provider recognised the importance of valuing staff and investing in their training and daily support.

The culture of the service was open and transparent with a supportive leadership in place. Staff told us they worked within a caring and supportive team where they were valued and trusted. One staff member said, "It's such a positive environment here." Another said, "This is a great job with great people."

Staff told us they could access guidance for delivering care and also how to deal with emergency situations. For example, one staff member told us how they had co-ordinated with office staff to arrange an ambulance due to concerns whilst on a care call. They said, "The office were fast in responding and also in giving me much needed support."

There was a whistle blowing policy in place and staff told us they would use it to raise any concern to the appropriate person as required. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations.

Whilst we saw some returned surveys from people we received mixed responses when we asked people whether they were asked for their views about the support they received. One person told us, " We've filled in questionnaires before." However, other responses included, "I've never had any questionnaires or anything" and, "No, never."

People told us and we saw evidence of frequent spot checks and service reviews took place. One person said, "They do spot checks on staff to help them improve." The reviews identified what worked for people, what could be improved and what people considered the most important aspects of the service for them.

Spot checks took place in people's homes and included care staff conduct and approach ensuring people's dignity was maintained, along with staff competence in the tasks undertaken and in using any equipment.