

Lotus Home Care Limited

Lotus Home Care Worksop

Inspection report

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Lotus Home Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older people, people living with dementia, people with physical disabilities and sensory impairments. At the time of the inspection 36 people were receiving the regulated activity of personal care.

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.

People's experience of using the service and what we found

People and their relatives had mixed views about the service. Some people told us care calls were often late or at times early. Recruitment processes were not consistently followed. There were enough staff on duty however, the way in which staff were deployed meant travelling time caused delays in people receiving timely care.

The service had not ensured systems and processes to assess risk and monitor quality were effective in driving improvements. Late or early calls were not reported to the management team so opportunities to improve the service people received were missed.

People were safeguarded from the risk of abuse as staff and the registered manager were aware of their responsibilities to report any concerns to the relevant authorities. People were not always protected from the risk of harm, as some staff did not wear personal protective equipment as per national guidance. However, the registered manager increased the spot checks to address this issue.

Medicines were managed in the right way. Accidents and near misses had been analysed so lessons could be learned to help avoid preventable accidents. People had been helped to quickly receive medical attention when necessary.

People were supported to have choice and control of their lives and care staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice. People were treated with kindness and compassion, their privacy was respected and confidential information was kept private.

People were consulted about their care, had been given information in a user-friendly format. There were arrangements in place to resolve complaints, but these were not always effective.

Quality checks had been completed and people had been consulted about the development of the service. Good teamwork was encouraged and joint working was promoted.

For more details, please read the full report which is on the CQC website at www.cqc.org.uk

Why we inspected ☐☐☐☐☐☐☐☐

Prior to inspection we received several concerns about people not receiving care in a timely manner which resulted in us inspecting the service. The service was registered with us on 11 February 2021 and this is the first inspection since registration.

Follow up ☐☐☐☐☐☐☐☐

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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 not always responsive

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led

Details are in our well-led findings below.

Requires Improvement ●

Lotus Home Care Worksop

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 ☐☐☐☐☐☐☐☐☐☐

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 who was 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 ☐☐☐☐☐☐☐☐

We gave the service 72 hours' notice of the inspection. This was because we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 5 August 2021 and ended on 28 August 2021.

What we did before the inspection ☐☐☐☐☐☐☐

The provider was not asked to complete a provider information return (PIR) 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 took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used all of this

information to plan our inspection.

During the inspection□□□□□□□□

We contacted four people who used the service and five relatives about their experience of the care provided. We spoke with four care staff, the care coordinator, the deputy manager, the quality assurance manager and the registered manager.

We reviewed a range of records relating to the management of the service, including policies and procedures, audits and governance records. We looked at five people's care records and medication records. We looked at five staff files in relation to recruitment and staff supervision.

After the inspection□□□□□□□□

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records and feedback from people and their relatives.



Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment □□□□□□□□

- There were not always enough staff deployed in the right geographical area to keep people safe. People did not receive their personal care in a timely way. Staff told us not enough travel time was factored in between each call.
- Prior to inspection people and relatives told us care calls were very late or too early. One person said, "Times are all over the place, unreliable, very poor, not at all happy with them." This put people at risk of not having continence support when needed and a risk of people trying to attempt their own personal care without care support. We spoke to the registered manager about these concerns who agreed to immediately deal with this. □□□□□□□□□□
- Systems to cover staff absence were not effective. People told us staff were traveling from other offices of the provider which were over an hour away. The registered manager told us they were actively recruiting new staff to fill the vacancies they had. □
- The recruitment processes were not consistent. We checked the recruitment files of five staff members and safe recruitment and selection processes were not consistently followed. For example, during the selection process information was missing from interview notes. We shared our concerns with the deputy manager who managed recruitment who advised us they would review this to make sure this did not happen again.

Preventing and controlling infection □□□□□□

- People told us not all staff followed safe use of personal protective equipment (PPE) when visiting them in their home. One person said, "PPE isn't worn properly, masks never over noses. Most wear gloves some don't wear aprons, they wear re-useable masks which I don't think is right, travelling between client's homes." We shared this with the registered manager who agreed to reassess staff use of PPE who required this. During the inspection the registered manager told us they had started to complete additional spot checks to make sure staff used and disposed of PPE safely.
- Staff received training and had their competency assessed in prevention and control of infection, but concerns were raised about some staff not using PPE safely. The registered manager agreed to increase the number of staff spot checks. The provider's infection prevention and control policy was up to date.
- There were good stocks of PPE available at the office so staff were able to ensure they carried enough with them at all times. □
- Staff had received food and hygiene training. This supported staff to follow safe practices when preparing meals for people. □□□

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of the signs and symptoms of abuse and told us they would report any concerns to the registered manager or their line manager. □
- Staff had received safeguarding training and knew the procedure for reporting any concerns to the local authority safeguarding team. Staff had access to company safeguarding policies. □

Assessing risk, safety monitoring and management □ □ □

- People's risk were managed safely in relation to their personal care.
- Risk assessments had been completed for each person's level of risk, examples of these included how to support people when using aids; such as a hoist, wheelchair or walking aids. Staff we spoke with confirmed how they would support people safely following the risk assessments. This showed staff had the appropriate information to support people safely when delivering care. □ □ □ □
- Records and people's care files contained signed consent forms that confirmed people or their representative had been involved in creating risk assessments and had been reviewed when required.

Using medicines safely □ □ □ □ □ □ □ □ □ □

- Medicines were administered safely and medicine administration records were completed accurately.
- The service had clear guidelines for staff to follow if people required medicines that were taken as and when required. □ □ □ □ □
- Recent medicine audits had been completed by the registered manager. Any errors were reviewed, and appropriate actions taken. One incident reviewed resulted in additional training for staff. This was followed by a review and check to make sure staff understood how to support and administer people's medicines safely.
- Staff had received medicine training, as part of their induction training and they had had their competency assessed to ensure that they were able to administer medication safely.

Learning lessons when things go wrong □ □ □ □ □ □ □ □

- Accidents and incidents were reviewed and monitored by the registered manager to identify trends and themes and to prevent reoccurrences. We saw documentation to support this and saw where action had been taken to minimise the risk of future accidents. Learning from incidents was shared with staff to improve care.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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. The service worked within the principles of the MCA when people received care and treatment in their own home.

- We checked whether the service was working within the principles of the MCA and found most staff we spoke with were aware of the MCA and its purpose. The registered manager confirmed further training was planned with staff.
- People's care records showed that where people lacked the mental capacity to make specific decisions about their care, documentation had been completed. Some people had a Lasting Power of Attorney (LPA) in place but no record of this document was available in people's care file. The registered manager confirmed to add these documents to care files. An LPA is a way of giving someone that a person trusts, a family member, a solicitor, the legal authority to make certain decisions on their behalf.

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

- An assessment of people's needs had been completed with people and their representatives before they started to use the service. This included people's mobility, care needs, support with medicines and meals. Care plans were reviewed as people's needs changed. ☐ ☐
- People with diverse needs were supported in a way that made sure they were not discriminated against. People were offered a preference of either a male or female carer. People we spoke with confirmed these choices were respected. ☐ ☐ ☐ ☐
- People's home environment was assessed and reviewed where necessary to ensure it was safe for staff to carry out personal care.

Staff support: induction, training, skills and experience ☐ ☐ ☐

- Staff received regular supervision. Regular competency spot checks were carried out by the management team when they were delivering support in people's homes to make sure staff followed care plans and wore PPE safely.
- Staff completed an induction and training programme. The training was completed virtually due to the

COVID-19 pandemic with some e-learning and then shadowing experienced staff on their shift.

- Some staff said they would have liked the induction training to be longer. The registered manager and quality assurance manager had recently reviewed training and a new four-day face-to-face induction programme was being rolled out. □□□ □□□
- Records confirmed staff had received the training required to carry out their role and deliver effective care.

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

- People that required assistance with their meals were supported effectively with this. Other people lived with their family and meals were provided by them. Staff were able to describe the different levels of support people needed for eating and drinking. □□□□
- People's food, fluid intake and weight were monitored when required. Professional advice was requested, when necessary; examples included support from speech and language therapists.

Staff working with other agencies to provide consistent, effective, timely care □□

- The registered manager and staff worked with external health and social care professionals to ensure good quality personal care for people. Evidence we saw confirmed the service worked well with other agencies such as health care professionals and local authority staff to make sure people's needs were met.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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□

- Most people told us they were happy with the staff that supported them. One person said, "The carers are kind, competent and helpful. They're really nice people they have an empathy with [my relative]." Another person told us, "They're very caring, staff always do their best." Where people requested a change of staff this was respected.□□
- People were supported by staff whilst they waited for emergency services. One person told us, "Once [my relative] was ill and needed an ambulance the two young carers stayed with my relative and their partner until the ambulance arrived. This was above and beyond what was expected of them. They're worth their weight in gold just for that."□
- Most people felt staff were very respectful of their homes. A person told us, "Staff use the key safe but do knock before they come in." A staff member said, "We always greet people when we visit."
- The provider had an equality policy and staff understood that people's support was based on their individual needs.

People were supported and treated with dignity and respect; and involved as partners in their care

- Care plans met people's needs and contained people's life histories. This helped staff understand people's backgrounds, life experiences and things that were important to them when providing care.
- When people refused care, staff would talk with people to put them at ease. A staff member said they, "Would talk calmly with the person and try again a little later, or on the next call, if they still refused, I would record this in their care notes."
- The provider did not have information available on independent advocacy for people to access. The registered manager confirmed they would put this in place with immediate effect. Independent advocates support people with making decisions and expressing their views and wishes.□□

Respecting and promoting people's privacy, dignity and independence□

- People told us their privacy and dignity were respected. Personal care was offered to people in the privacy of their bedroom, bathroom or in a private area of their choosing. A staff member said, "I always make sure curtains are closed and I make sure people are involved in the way they prefer."
- Some people told us they felt due to regular delays in care calls this had a negative impact on their dignity and independence. The registered manager confirmed they had spoken with people and were in the process of meeting them to resolve and agree preferred care times. People confirmed these conversations had taken place and improvements made.
- Most people made choices about their daily routines and led the way in how they wanted their care and

support delivered.□

- Care records were held securely in a locked cabinet within a locked office or through a secure computer system. Staff understood the importance of ensuring confidentiality.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant people's needs were not always met.

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

- The service was not always responsive in meeting people's needs. Some people were not happy with the care being delivered. Relatives had mixed experiences about personal care meeting people's individual needs. One person told us their relative was not getting a shower when they wanted one. They said "Our [relative] doesn't always have a shower when staff say they have; the shower room is dry, as are the towels." We raised concerns with the registered manager who agreed to contact the relatives to investigate these and reassure them this was not acceptable practise. This showed care was not always responsive and consistent to people's needs.
- A relative said, "One carer is brilliant; they go the extra mile and makes my relative very happy. Another is good too; they noticed my relative's skin was getting sore, so we got some cream from the doctors and it has improved."
- A person spoke positively and told us the service was flexible to their needs. They said, "When I have asked if staff can come earlier, they have. They let us know if they're going to be late too, they're quite flexible." Some staff would call the person they were next to visit to let them know they would be late. Not everyone we spoke with had this experience. ☐
- Support plans contained the required information to support people and were devised with input from people and their relatives. Some people told us they had not received a care plan. The registered manager confirmed some care plans were being updated and these had now been given to people.
- Staff were able to tell us what people liked and disliked, as well as their support needs. People's care plans described their preferences and the routines staff should follow when they visited. One staff member told us, "One person didn't enjoy brushing their teeth and I suggested another toothpaste. The toothpaste was changed and they now happily brushing their teeth."

Improving care quality in response to complaints or concerns

- CQC had received several complaints about late calls and care staff delivering poor care which resulted in us inspecting this service. We reviewed all complaints the service was aware of and these had been addressed appropriately.
- People and relatives had told us that it had been difficult to contact the office, registered manager and raise concerns. The registered manager took immediate action and made contact with people who wanted to speak with them. ☐ ☐ ☐
- The registered manager was able to provide evidence to show they had improved how people and relatives contacted the office to raise concerns. On our visits to people in their homes they confirmed they were now able to contact the registered manager and their concerns were responded to.
- The registered manager had started to analyse feedback from people and relatives to identify any concerns

or queries. The registered manager and provider then used this information to improve the quality of personal care.

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'. □

- The provider met the requirements of the AIS. People's communication needs were documented in their care plans and met by the staff of the service. Information was made available to people in ways they understood. □

End of life care and support □□□□□□

- No end of life care was being delivered at the time of inspection. The registered manager was aware of the support that would be required for someone should they need end of life care. This included staff training, contact with relevant health professionals, communication with family members, detailed care planning, and access and management of appropriate medications.

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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The service was not consistently well-led. People told us they had little contact with the management team of the service. One person said, "We haven't had any contact with management at all, we don't know their names, it could be a lot better." We shared this with the registered manager who agreed to contact people on a regular basis to make sure they were happy with the service offered.□□□□□
- The service had not ensured systems and processes to assess risk and monitor quality were effective in driving improvements. There had been regular oversight of the quality of care, but this was not always robust. The governance systems did not always support the service to identify themes of concern. For example, when staff arrived late to people's home this was not being reported to the office. This left people at risk, due to lack of staff to support them at the right time. The provider had not been aware of this and was now taking action to address this.
- The provider did not consistently assess, monitor and mitigate the risks in relations to the health, safety and welfare of people. For example, staff did not always use PPE safely when supporting people. This put people at risk of acquired infections.

We found no evidence of harm to people. However, the provider failed to ensure adequate systems and processes were in place to assess, monitor and improve the quality and safety of the care provided. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service had a registered manager in post. Registered persons are required to notify CQC about allegations of harm to people receiving care, and we received these. This meant the provider was informing us about events that occurred in the service which assist us to monitor the quality of care.
- The service had made recent improvements in reviewing the quality of care people received but we needed the service to sustain this to make sure it was effective.

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

- Learning from incidents had improved and was shared with staff to improve care. This process needed to be sustained to be effective. One staff member said, "We have team meetings and discuss planned changes and incidents".
- The office team consisted of a deputy manager, care coordinator, administrator and registered manager.

- Prior to our inspection the provider had recruited a quality assurance manager which has supported the service investigate incidents and take action as required. Learning is then shared at internal regional meetings.

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

- Relatives confirmed they were regularly asked for feedback. We reviewed surveys which were collated monthly. Any themes and recommendations were actioned by the registered manager and then shared back with people.
- The office team and care staff understood their roles and were open and honest during our inspection. One care staff member said, "Office staff will cover care visits if needed and I've worked with them all." This showed the office team would support care delivery when required.
- Staff spoke positively about the office team and one person said, "The management are excellent." The office team were positive about being able to improve the service and deliver high-quality person-centred care. The registered manager and quality assurance manager acknowledged there had been things they could have done better, and that improvements were still required and ongoing, but were positive about the progress they felt was being made.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to ensure adequate systems and processes were in place to assess, monitor and improve the quality and safety of the care provided.</p>