Lotus Home Care Limited

Lotus Home Care Leeds

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

About the service
Lotus homecare is a domiciliary care service which supports people in their own home to live as independently as possible.

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. At the time of our inspection, the service supported 26 people with personal care.

People's experience of using this service and what we found
The service provided safe care which met people's needs. On the whole, people and relatives told us they felt comfortable in the presence of staff, who were competent, caring and compassionate. We spoke with the registered manager in relation to a concern that was brought to our attention. This was dealt with in line with their complaints policy. Staff had received training in safeguarding and knew how to report any concerns. Care visits were completed timely, with staff remaining for the allocated length of time. The service was proactive in letting people know if staff were running late due to traffic congestion. People received their medicines safely from staff who had been trained and assessed as competent.

People were involved in the assessment process prior to their care package commencing. This enabled them to discuss what support they wanted and ensure the service could meet their needs. 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.

Most people and relatives confirmed they received good care from staff who respected their privacy and dignity. People's views were sought through reviews and surveys, to ensure the service was meeting their needs. Care files contained detailed information about each person and how they wished to be supported. We spoke with the registered manager about the importance of ensuring all care records contained appropriate up to date information.

We found a range of systems and processes were used to monitor the quality and effectiveness of the service, areas of any concerns raised were investigated and followed up appropriately.

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

Rating at last inspection
The last rating for this service was Good (report published 1 August 2019).

Why we inspected

We undertook this inspection as part of a random selection of services rated good and outstanding to test the reliability of our new monitoring approach.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our responsive findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Lotus Home Care Leeds

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
This inspection was completed by two inspectors a specialist advisor 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, flats and specialist housing.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service 24 hours' notice of the inspection. This was to ensure the registered manager was available to support the inspection and to ensure we had prior information to promote safety due to the COVID-19 pandemic. The notice period also allowed the provider time to start asking people using the service and their relatives, if they would be prepared to speak with us about their experiences.

Inspection activity started on 9 December 2021 and ended on 22 December 2021 by which time we had sought the views of people, relatives and staff and reviewed all additional information sent following the visit. We conducted the office visit on 9 December 2021.

What we did before the inspection

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

During the inspection
We spoke with five people and five relatives by telephone about their experience of the support provided. We spoke with four staff on the telephone. We spoke with the registered manager, deputy manager, senior regional manager and the quality and compliance officer in person at the service.

We reviewed a range of records. This included six people's care and medicine records. We looked at six files in relation to recruitment and training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Good

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe. Comments included, "I feel safe yes, the staff know what they are doing" and "Just knowing they are going in helps me feel [name of person] is being kept safe."
- Staff had received training in safeguarding which was refreshed annually and knew how to identify and report concerns. One staff told us, "If I had any concerns, I would speak to someone straight away."
- A safeguarding log had been used to document any concerns, this explained what had occurred, action taken and outcomes. We noted any concerns had been reported in line with local authority guidance. We spoke with the registered manager in relation to a concern which had been discussed with the inspector. This was dealt with appropriately.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Most risks to people's safety were assessed and recorded. Risk assessments were in place in areas such as the environment, pressure care and dehydration and malnutrition. One care plan we looked at contained detailed information about moving and positioning, such as, which colour hoist loops to use. We discussed with the registered manager in relation to behaviours which may challenge to ensure this was recorded appropriately.
- Appropriate equipment was recorded, such as, airflow mattress and hoist, to manage risk. However, there was no information in one care plan about any risk associated with a person's wheelchair, which staff used to support a person in the community. The manager told us this would be addressed immediately.
- Accidents and incidents had been logged appropriately on the service's electronic system.
- Any concerns that arose or information shared by care staff was recorded on the care staff app as a secure message. This created an alert in the office, which flashed red and was recorded automatically in the person's diary notes.

Staffing and recruitment

- Staff were recruited safely. Pre-employment checks were completed to ensure applicants were of suitable character to work with vulnerable people. This included completing checks with the Disclosure and Barring Service and seeking references from previous employers.
- There were mixed responses from people and relatives around staff calls being on time and staying for allocated time. Comments included, "They are pretty much on time, but we just sit and wait for them" and "They are coming at near enough the time agreed. If they are running late, we just wait for them. Sometimes they rush things because they don't have enough time between calls, and it can snowball so they can be extremely late by the end of the day." We spoke with staff who told us, "If we are running late between our calls, if people need more support, we contact the office, and another staff member will take over our next call." Another staff member said, "Yes there is enough staff we all work together and make sure people

receive their care."

Using medicines safely

● Medicines were managed safely by staff who had received training and had their competency assessed.

● Guidance was in place for staff to explain what medicines people took and why, this included any 'as required' medicines such as paracetamol, for which additional protocols had been created. Staff could describe the electronic system which was in place to manage medicines. One staff member told us, "It's so easy to use. If you do not give medication it alerts you."

● Medicine administration records (MAR) viewed during the inspection had been completed correctly. MAR audits were completed monthly to identify any issues, such as missing signatures. Any concerns had been addressed timely.

Preventing and controlling infection

● Current COVID-19 guidance around risk assessments, PPE usage and staff testing were being adhered to. People told us staff wore masks at each visit. One person said, "They are all wearing masks and gloves and aprons when carrying out personal care."

● Staff had received training in infection control and the safe use of PPE, with competency checks completed to ensure staff were donning and doffing PPE correctly.

Good

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 stayed the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

- Staff confirmed they had received training in the MCA and had a basic knowledge of how this impacted on their roles.
- Consent to care was recorded in care plans. One care plan we looked at showed the person was deemed to have mental capacity to consent to care and had signed their own care plan.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- Assessments had been completed with people, to ensure the service was suitable and could meet their needs.
- Support plans had been created with the involvement of each person and/or their relative.

Staff support: induction, training, skills and experience
- People and their relatives felt staff received enough support and training. One relative told us, "[Name of person] is happy with them. They understand what [name of person] needs." Staff told us they felt they had received enough training to be able to do their job well.
- A spreadsheet was used to monitor training completion and ensured staff training was up to date.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
- People received support in line with their assessed needs. Support plans explained the support people wanted, along with personalised information around their likes, dislikes and preferences.
- The deputy manager explained the negative impact lockdown had on some people they supported with a

mental health condition and they were now taking them back out in the community to access activities they enjoyed.

● Diary records showed staff regularly contacted professionals such as district nurses, GPs and social workers where needed.

Good

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 stayed 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
- The service had clear policies around promoting equality and diversity.
- People and relatives on the whole spoke positively about the care and support received and the staff who provided this. Comments included, "They have been really helpful as [name of person] can be quite difficult at times. They have bent over backwards with him. I am very pleased with the care he is getting so far." And "The ones we have now are nice caring people and we both feel comfortable with them. They have set up a nice rapport with my relative." We spoke with one relative who had raised a concern. This was addressed immediately by the registered manager.

Respecting and promoting people's privacy, dignity and independence
- Care plans stated staff should 'At all time listen and treat with dignity.' Gender preference of care staff was recorded. The registered manager and deputy manager knew people well and spoke about them with respect and compassion.
- Staff we spoke with described the ways in which they ensured people's dignity was respected. One stated, "I treat people how I would like to be treated."
- We spoke with one person who told us, "We all get on well and the staff have some banter with [name of person]. They check the sports results on their phones, [name of person] loves to be kept informed. They help me too and always have a nice word for me, it's nice seeing people for a chat."

Supporting people to express their views and be involved in making decisions about their care
- People and representatives were involved in care plans and making decisions about their care. Office staff contacted people by phone to seek feedback about the care provided.
- Staff told us they supported people to do what they wanted to do for example, crosswords, collecting shopping and baking.

Good

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 stayed 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

- Care plans contained detailed person-centred information about each care call, such as which lights to leave on at night and how people liked to be supported. People's tastes and preferences were recorded, for example, "I like my tea with two sugars and milk."
- Care plans included a brief life history, how health conditions affect the person, what was important and what a good or bad day looked like. For example, 'Good day, fresh air, regular carers, not in too much pain'. And 'Likes going out to the pub in their wheelchair to [name of town]'.
- Desired outcomes were recorded, such as to reduce the risk of pressure sores and infections, to remain at home, to live with dignity.

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 detailed whether people had sensory needs and if any support with communication was needed. Care plans contained a tick boxes about whether the person needed written communication to be in different formats such as large print.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service provided a range of opportunities for people to maintain links with others and engage in social activities.
- The service supported one person to access leisure activities of their choice in the community as they used a wheelchair to mobilise. As they had no family, this was recognised as especially important to them in the care plan. Religious preferences were recorded, but no support was needed around this.

Improving care quality in response to complaints or concerns

- Information on how to complain was provided to people when they started to use the service.
- People and relatives confirmed they knew how to complain.
- The service used a log to document concerns raised and the action taken to address these. These had been dealt with in line with the providers policy.

End of life care and support

● The service was not providing palliative or end of life care at the time of inspection. Training was available to ensure staff had the required skills and knowledge should this be required in the future.

Good

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

- Staff were complimentary about the service and told us they enjoyed their job and the people they supported. One staff member said, "I love my job, I have been here many years and it's the best service by far I have worked in."
- The provider sought people and relative's views through surveys and feedback forms. The last survey results had not yet been completed as the registered manager was waiting for responses to come in. We spoke with the registered manager around a staff survey which they planned to introduce moving forward.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider used several audits and monitoring systems to assess the quality and performance of the service and support provided on which data relating to accidents, incidents, safeguarding, infection control, concerns and complaints was recorded.
- Individual action plans had been created to address any areas for improvement.
- The provider and registered manager understood their regulatory requirements. Relevant statutory notifications had been submitted to CQC, to inform us of things such as accidents, incidents, safeguarding's and deaths.

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 and provider were aware of their responsibility regarding duty of candour. Duty of candour ensures providers are open and transparent with people who used services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment.
- People and relatives had mixed views in relation to communication with and from the staff in the office and management. One relative told us, "Some staff can be abrupt." Another relative said, "The staff are good when we have asked to change something, it has been done." We passed this information on to the registered manager who addressed this straight away.

Working in partnership with others

- We saw from daily notes records the service worked closely with community professionals such as social workers and district nurses.