

Lotus Home Care Limited

Lotus Home Care Huddersfield

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 Home Care Huddersfield is a domiciliary care agency that was providing personal care and support to 34 people at the time of the inspection.

People's experience of using this service:

Relatives told us people felt safe using the service. The service had good systems and processes to safeguard people from the risk of abuse.

Staff knew people very well and people's care was organised around them.

People's likes and dislikes, and 'what a good day means' to them were recorded.

Medicines were being administered safely and people's dietary needs were met.

Relatives told us staff were kind and caring.

Staff confirmed there were sufficient numbers to keep people safe and to meet people's care needs.

Staff were receiving appropriate training which was relevant to their role.

Staff were supported by the registered manager and were receiving regular formal supervision where they could discuss their on-going development needs.

Care plans were up to date and gave precise details about exactly what care and support people wanted and needed.

Risk assessments were in place and showed what action had been taken to mitigate any risks which had been identified.

There was a complaints procedure available which enabled people to raise any concerns or complaints about the care or support they received.

The registered manager provided staff with leadership and was described as being very approachable.

Audits and checks were used to drive improvements to the service people received.

People's feedback was used to make changes to the service.

Relatives and staff spoke highly of the registered manager, who was well-known.

Rating at last inspection: This is the first inspection of the service.

Why we inspected: This was a planned inspection.

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

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

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 Caring 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 Huddersfield

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one adult social care inspector and one assistant inspector who made telephone calls to get people and staff views about the 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. It provides a service to older adults.

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 48 hours' notice of the inspection visit. This is because we needed to be sure the office would be open and the registered manager and office staff would be available to assist the inspection.

Inspection activity started on 27 February 2019 and ended on 28 February 2019. We visited the office location on 27 February 2019 to see the manager and office staff; and to review care records and policies and procedures.

What we did:

Our inspection was informed by evidence we already held about the service. We also checked for feedback from the local authority. We checked records held by Companies House.

Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We spoke with four relatives of people who receive care and support from the service.

We spoke with the registered manager, the director of care, the business development manager, a field care supervisor, and five care staff.

We reviewed three people's care records in full, four staff personnel files, audits and other records about the management of the service.

Is the service safe?

Our findings

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

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- ☐ Staff knew how to recognise abuse and protect people from the risk of abuse. Staff told us, "You need to look out for any hazards and you know the clients. You know if they're not quite right. It's something you need to report back to the office."
- ☐ Staff were able to explain the signs of abuse; comments included, "It's if a person is at risk of neglect – physical, financially abusive", "Abuse, bullying, others picking on them and going against their will. I could go to a supervisor or manager. Someone who could do something about it", and, "For me, anything that affects them. It's my duty to tell the manager straight up. Keep an eye out for things that are going on. I'd be reporting it straight away. You have to keep an eye out".
- ☐ The provider had reported abuse to safeguarding when it was identified.
- ☐ A staff member described, "I was at a [person]'s house. The state of the house was really bad. There were no carpets. [The person] was on a towel on the bed. It was neglect. [They were] very unkempt. I reported it to the office and it was reported."
- ☐ People were supported to understand how to keep safe and to raise concerns if abuse occurred.
- ☐ We asked relatives if they felt their loved ones were safe; comments included, "Definitely. One of the things I've found so good is that I've felt like I've built a relationship with the carers and those above them. I feel I'm listened to. If they had concerns about [name of person], I'd be informed straight away", "Definitely. They're always careful and they always ask before doing anything. They're very gentle with [name of person]," and "I feel [name of person] is safe. It feels like a massive stress has been taken off my shoulders. I feel [they are] safe".

Assessing risk, safety monitoring and management

- ☐ People's needs were assessed prior to the service starting.
- ☐ The assessment contained detailed information about the person, their needs, and their home environment.
- ☐ Robust risk assessments were in place. These included a home and environment risk assessment for each person receiving a service, as well as individualised risk assessments for each aspect of a person's care and well-being.
- ☐ Risks to staff were also assessed and mitigated against.

Staffing and recruitment

- ☐ A robust staff recruitment procedure was in place. The registered manager used a checklist to ensure all appropriate checks were undertaken and documentation was received.
- ☐ Checks included a full employment history, obtaining references from previous employers, and obtaining a criminal history check from the Disclosure and Barring Service.

- ☐ Relatives and staff told us there was enough staff.
- ☐ The registered manager told us they recruited staff and then grew the service. This meant there was always enough staff to meet people's needs.
- ☐ The registered manager reviewed and revised call schedules regularly to ensure staff were appropriate to meet people's needs.

Using medicines safely

- ☐ Risk assessments were completed for the safe management of people's medicines at the beginning of the service.
- ☐ Care records showed medicines were recorded accurately, including allergies and side-effects and where they were kept, and staff followed protocols.
- ☐ Medicines systems were organised and people were receiving their medicines when they should.
- ☐ The provider was following safe protocols for the receipt, storage, administration and disposal of medicines. Staff provided detailed explanations about how they administered and recorded medicines.

Preventing and controlling infection

- ☐ Records showed, and staff confirmed, they had received infection control training.
- ☐ Staff told us personal protective equipment was readily available for them to pick up from the office.
- ☐ Relatives confirmed staff followed appropriate infection control procedures. One relative said, "Yes, they do. They throw the gloves away when they're finished."
- ☐ A staff member described how they followed infection control procedures, "Keep your hands washed, clean and wear gloves. The gloves go straight in the bin." -

Learning lessons when things go wrong

- ☐ The registered manager kept a log of actions taken and lessons learnt. This log was completed from concerns raised by people, relatives and staff, discussions at staff meetings, and safeguarding concerns.
- ☐ Lessons learnt were shared with staff at team meetings and through staff memos.
- ☐ The registered manager encouraged staff to share their learning.

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

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

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

- ☐ People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and procedures in the service supported this practice.
- ☐ The registered manager described how they received regular emails containing updates about best practice and guidance, and had made a network of contacts to keep abreast of changes.
- ☐ Care plans were exceptionally detailed and provided good information for staff to be able to provide care effectively.
- ☐ People were at the heart of their care plans. Care plans included information such as important relationships, hobbies, what makes people smile, and what makes a good day for people.
- ☐ People's mental capacity was assessed and recorded before the service started. Records showed this was reviewed regularly.

Staff support: induction, training, skills and experience

- ☐ Staff were trained to be able to provide effective care.
- ☐ The registered manager described how training and awareness from health professionals was sought to ensure staff had the skills to support people with more complex needs.
- ☐ Staff described the induction process and confirmed there was good access to training. Training records showed staff training was up-to-date.
- ☐ Spot checks were undertaken to ensure staff were competent to deliver care.
- ☐ New staff were supported by more experience workers. A relative said, "If there is anyone that's new, they come with one of the regular carers. There are two carers in particular that come every day. Over the months, [name of person] has got used to them."
- ☐ Records showed and staff confirmed regular supervisions and annual appraisals took place.
- ☐ An office 'huddle' meeting took place each morning. This enables staff to handover information from the previous shift and for the registered manager to assess priorities and allocate work.

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

- ☐ People who needed support to eat and drink had exceptionally detailed care plans to tell staff how to do this. This included who staff should contact if food wasn't available, and where to purchase food items from in an emergency.
- ☐ Daily records showed how staff had supported people to eat and drink.

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

- The registered manager had developed good links with social workers and health professionals.
- If people's needs changed, timely contact with other services took place so people were supported to access the right support at the right time.
- A relative explained, "[Name of person] was discharged from hospital and was hoisted at the time. We were told [they]'d not walk again. [They] can take very small steps now but I've found the physio has worked with the carers really closely and they follow everything the physio has suggested. They have totally taken on board what the experts have advised."
- Another relative said, "If there ever have been any issues, like [name of person] is catheterised, there's been a couple of times where it's come loose or flooded. They're on it straight away. They've rung the office or rung me. I've been able to pop round. They see things before I would."

Adapting service, design, decoration to meet people's needs

- The registered manager had recently undertaken an exercise to review all call schedules as a result of comments from people and staff. This meant the service had adapted the design of their schedules to better meet people's needs.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.
- Staff assumed people had the capacity to make decisions, unless they assessed otherwise.
- Staff spoke with people each time before any care and support was delivered to get their permission.
- On starting at the service, the registered manager had identified some people had not had their consent to care recorded. The registered manager had reviewed everyone who uses the services capacity and consent and had ensured this was recorded accurately. During our inspection we saw everyone had consented to their care and support.

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

Good: ☐ 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

- ☐ Relatives described how staff treated people with kindness and respect; comments included, "Friendly, involved and warm. They involve me and my brother in what's going on with [name of person]. They go above and beyond really. Everyone I've met I've been impressed with", "They're all very kind and caring. Very talkative", and "They're always very friendly and willing".

Supporting people to express their views and be involved in making decisions about their care

- ☐ People's preferences were recorded in detail.
- ☐ When people had expressed their views about their preferences these were respected. Staff could tell us about, and records confirmed that, people's views about how they preferred to be supported had been acted on to promote positive outcomes.
- ☐ Records showed people were involved in meetings to discuss their views and make decisions about the care provided. This included choice of hobbies, food, people who were important to them, and how they were supported.
- ☐ A staff member described how they had got to know just how to make someone's "special coffee".

Respecting and promoting people's privacy, dignity and independence

- ☐ Relatives confirmed staff treated people well and with dignity and respect.
- ☐ Records showed how staff supported people in a caring way to promote their independence, for example, asking someone if they wanted to try a task themselves.
- ☐ Staff spoke about ensuring doors and curtains were closed before providing personal care.
- ☐ A staff member said, "The first thing you do is read the folder that's there. You always have everything in it. Sometimes I ring the office and ask and ask what their needs are. I still confirm it with the office before I enter a new call."

Is the service responsive?

Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- ☐ People's likes, dislikes, hobbies, interests, friends and family were recorded in highly detailed, person-centred care plans.
- ☐ Staff were knowledgeable about people and their lives and could explain how they supported people in line with this information.
- ☐ People's communication needs were known and understood by staff.
- ☐ Care records were reviewed regularly and every aspect of people's lives and needs was updated.
- ☐ A relative said, "They (staff) listen to what [person] says and not what I want." Another relative said, "[Name of person] is a bit confused, but they care for [them] in the way [they] need."
- ☐ The registered manager described how they encouraged inclusivity for both people using the service and staff, for example, accommodating religious holidays and encouraging people with protected characteristics into the service.

Improving care quality in response to complaints or concerns

- ☐ Records showed there had not been any recent complaints about the service.
- ☐ Records showed previous complaints had been investigated and resolved with the inclusion of the person within company policies.
- ☐ Relatives confirmed they knew how to raise concerns and were confident these would be actioned; comments included, "Yes, one hundred percent. I'd ring the office", "That's no problem. We've got telephone contacts. They have feedback meetings, we have it quite regularly", and "I'd just ring Lotus up and tell them."

End of life care and support

- ☐ The service was supporting ten people with end of life care at the time of our inspection. We saw people had personalised care plans for this in place.
- ☐ Staff received specialist training for this type of care, with over 70% of staff being trained.
- ☐ Staff described how they emotionally supported relatives during end of life care.

The provision of accessible information:

- ☐ All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. The service had taken steps to meet the AIS requirements and the registered manager understood the principles.
- ☐ There was excellent recording of people's communication needs. Where someone needed an alternative method of communication this was recorded.

- ☐ Care and support plans recorded what communication aids, such as spectacles or hearing aids, people needed.

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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- ☐ There was an open, transparent and caring culture throughout the service. The registered manager and staff described the ethos of the service as 'caring' and 'person-centred'.
- ☐ Relatives and staff told us the registered manager was approachable, supportive and took action when needed.
- ☐ It was evident staff knew people very well and were knowledgeable about people's needs.

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

- ☐ The registered manager was clear about their role. As the service had grown they'd identified the need for a deputy manager to focus on the day-to-day running of the service. The provider had been supportive and recruitment to this role was taking place.
- ☐ Quality assurance systems to monitor the service were effective in identifying areas for improvement. Action had been taken on identified improvement areas.
- ☐ The registered manager had recently introduced a system of quality audits for care plans which meant all care plans were audited every month. The director of care was responsible for compliance in the service.
- ☐ The registered manager confirmed they were "very well supported" by senior managers.

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

- ☐ People's and relatives views were sought and used to improve the service. Relatives confirmed they were consulted with. A relative told us, "They come out and do visits. I've been when [name of office staff member] has been. They keep up with clients."
- ☐ People who use the service, and their relatives, were consulted with regularly. Records showed the registered manager had contacted people to discuss any concerns they had raised.
- ☐ A full staff meeting took place each month. Minutes recorded staff contributions to these meetings and actions management took as a result.

Continuous learning and improving care

- ☐ The registered manager was open to change, keen to listen and seek advice when necessary.
- ☐ The registered manager demonstrated an open and positive approach to learning and development. They were a 'train the trainer' for some aspects of complex care needs and were keen to share their

knowledge.

- ☐ Staff described how the service supported and encouraged them in sharing best practice and improving care.
- ☐ Information from the audits, care plan reviews and incidents were used to inform change and improve the quality of care people received.

Working in partnership with others

- ☐ The service had developed good working relationships with healthcare professionals, social workers, and local authority teams.
- ☐ The service had developed good processes for sharing information across these teams.