

Venus Healthcare Homes Ltd

Lotus Lodge

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Lotus Lodge is a residential care home providing the regulated activity of accommodation and personal care to up to 7 adults with learning disabilities and on the autistic spectrum. At the time of our inspection there was 1 person using the service.

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

Relatives we spoke with expressed satisfaction with the service and told us it had improved. One relative said, "I am very happy with it now. I haven't been in the past, but it is much improved."

Right Support: People lived in an ordinary residential home in a residential street. They were supported by a staff team that understood 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.

Right Care: People were protected from the risk of abuse. Risk assessments had been carried out to identify the risks people faced. These included information about how to mitigate those risks. There were enough staff working at the service to meet people's needs and the provider had robust staff recruitment practices in place. Infection control and prevention systems were in place. Accidents and incidents were reviewed to see if any lessons could be learnt from them.

Right Culture: People were supported with care that was person-centred. Quality assurance and monitoring systems were in place to help drive improvements at the service. Relatives and staff told us there was an open and positive culture at the service. The provider was aware of their legal obligations and worked with other agencies to develop best practice and share knowledge.

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

Rating at last inspection and

The last rating for this service was requires improvement (published 10 August 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced inspection of this service on 28 June 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve staffing and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Requires improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lotus Lodge on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

Lotus Lodge

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Lotus Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Lotus Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. There was a deputy manager who had taken over responsibility for the day to day running of the service.

Notice of inspection

This inspection was unannounced.

What we did before inspection

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

During the inspection

We observed how staff interacted with people. We spoke with 1 relative and 3 staff: the deputy manager and two support workers. We reviewed the care and medicines records for one person and looked at recruitment records of 4 staff. We reviewed a variety of records relating to the management of the service, including a sample of policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had failed to implement and operate effective staff recruitment practices. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- At the previous inspection, we found that the provider had not always gained employment references when recruiting staff. At this inspection we found this issue had been addressed.
- In addition to obtaining employment references, the provider carried out other checks on prospective employees to check their suitability to work in a care setting. These included criminal records checks, proof of right to work in the UK and a record of previous employment history.
- There were enough staff working at the service to meet people's needs and keep them safe. We observed staff working closely with people and able to meet their needs as required. Staff told us they had enough time to carry out their duties.
- Relatives told us there were enough staff to meet people's needs. One relative said, "There is enough staff so [person] can go out every day. [Person] has 1 to 1 support at home and 2 to 1 when they go out." This was in line with the person's assessed needs for staffing levels, and was what we saw on the day of inspection.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from the risk of abuse. The provider had a safeguarding adults policy in place to guide staff. This made clear their responsibility to report any allegations of abuse to the local authority and the Care Quality Commission. The deputy manager told us there had not been any allegations of abuse since the last inspection.
- Staff had undertaken training about safeguarding adults and understood their responsibilities with regard to it. A staff member told us that if they suspected a person had been abused, "I would report that to the manager."

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Using medicines safely

- Medicines were managed in a safe way. Medicines were stored securely in locked medicines cabinets within a locked medicines room. Medicine administration records were maintained so there was a clear audit trail for medicines given. We examined a sample of these and found them to be completed accurately and up to date.
- One person had been prescribed a PRN [as required] medicine. Staff were knowledgeable about when to administer this. However, there was no guidance in place about this. We discussed this with the deputy manager who told us they would implement guidance about this in conjunction with the GP who prescribed it.

Assessing risk, safety monitoring and management

- Risk assessments were in place. These set out the risks people faced and included information about how to mitigate those risks. They covered risks related to medicines, falling, mobility, accessing the community, nutrition and health. Assessments were subject to regular review, which meant they were able to reflect people's needs as they changed over time.
- Steps had been taken to help ensure the premises were safe. For example, qualified persons had carried out services of the gas, electrics and fire alarms at the service. The provider carried out their own safety checks, such as the testing of fire alarms.
- Relatives told us people were safe using the service. One relative said, "Yes, I do think [person] is safe. They have a nice group of carers who are all happy to work with [person]."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- There were no restrictions on visitors to the service and the provider was working in line with the government guidance at the time of the inspection.

Learning lessons when things go wrong

- The provider had systems in place for learning lessons when things went wrong. They had an accident and

incident policy in place which stated accidents and incidents should be reviewed. Records confirmed the provider followed its policy. Accidents and incidents were reviewed to learn lessons about how to reduce the likelihood of similar accidents re-occurring.

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 our last inspection we rated this key question Requires improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At our last inspection the provider had failed establish and operate effective quality assurance systems. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At the last inspection, we found that quality assurance and monitoring systems had failed to identify shortfalls within the service, such as the provider not obtaining employment references for staff. At this inspection we found this issue had been addressed.
- Systems were in place to monitor and improve the quality of care and support provided. For example, various audits were carried out, including those in relation to health and safety, the physical environment, medicines and infection control practices. Care plans and risk assessments were subject to regular review to help ensure they continued to reflect people's needs.

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

- The provider promoted a positive culture that was open and inclusive. Staff spoke positively about the deputy manager. One member of staff said, "[Deputy manager] manages things really well. Whenever we need them, they help." Relatives also told us they found the deputy manager accessible and approachable, one relative said, "Since [deputy manager] has been here, they have sorted it all out. I can text or phone them anytime."
- The provider had a culture that was person-centred so it achieved good aims for people. Risk assessments were person centred around the needs of individuals and staff had a good understanding of people's individual needs. Relatives told us people got the care they wanted. One relative said, "[Person] is doing the things they like to do now, not what the carers like."

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 provider understood their duty of candour to be open and honest with people when things went wrong. Various systems were in place to address mistakes. For example, there was a complaints procedure in place and accidents and incidents were reviewed.

- Relatives told us the provider was good at keeping them informed of anything of significance. One relative said, "[Deputy manager] phones or texts me if anything is wrong."

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

- Managers and staff were clear about their roles and understood regulatory requirements. Staff understood who they were accountable to, and were provided with a copy of their job description to help give clarity about their role.
- The provider understood their regulatory requirements. For example, they had employer's liability insurance cover in place in line with legislation. The deputy manager was knowledgeable about what they had a legal duty to notify the Care Quality Commission about.

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

- The provider engaged with people, relatives and staff. Staff meetings were held which gave staff the opportunity to discuss issues of importance to them. Residents' meetings were also held. A member of staff told us, "We have residents' meetings every month, we ask them how they feel about the support here, what activities do they want, do they like the food."
- The provider considered the equality characteristics of people and staff. For example, care plans included information about equality and diversity needs. Staff recruitment was carried out in line with good practice in relation to equality and diversity.
- The provider worked in partnership with others to share best practice and develop knowledge. For example, they worked closely with the local authority, and various health professionals involved in people's care.