

Lotus Home Care Limited

# Lotus Home Care Leeds

## Inspection report

Brooklands Court  
Tunstall Road  
Leeds  
West Yorkshire  
LS11 5HL

Tel: 01134931993  
Website: [www.lotushomecare.co.uk](http://www.lotushomecare.co.uk)

Date of inspection visit:  
20 June 2019  
24 June 2019  
15 July 2019

Date of publication:  
31 July 2019

## 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 agency is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to younger and older adults. At the time of inspection 65 people were using the service.

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.

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

People said they felt safe with the service provided. They trusted the workers who supported them. There were enough staff hours available to meet people's needs in a safe and consistent way.

People were supported to access healthcare advice and assistance with their nutrition and hydration when this was needed. People and their relatives told us they were involved in and directed their care, making their own choices and decisions.

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.

People and relatives said staff were kind, caring and supportive of people and their families. Privacy and dignity were respected and people's independence was promoted.

Systems were in place for people to receive their medicines in a safe way. Risk assessments were in place and they identified current risks to the person as well as ways to keep them safe.

Records provided some guidance to staff to ensure people received safe and appropriate care and support. Information was accessible to involve people in decision making about their lives.

Staff had a good understanding and knowledge of people's care and support needs. They received regular supervision and support.

We have made a recommendation about staff training.

Communication was effective and staff and people were listened to. Staff said they felt well-supported and were aware of their responsibility to share any concerns about the care provided.

People's views and concerns were listened to and action was taken to improve the service. The provider

undertook a range of audits to check on the quality of care provided.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 29/06/2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on when the service was registered.

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?

The service was safe.

Details are in our safe findings below.

Good ●

### 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 responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# 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

The inspection was carried out by an inspector and an assistant inspector, who carried out telephone interviews.

#### 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 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 because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 20 June 2019 and ended on 15 July 2019. We visited the office location on 20 June 2019.

#### What we did before the inspection

We sought feedback from the local authority and professionals who work with the service. 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.

#### During the inspection

We spoke with the registered manager. We reviewed a range of records. This included four people's care records and five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

After the site visit we contacted five people and five relatives of people who use the service and four support workers. We looked at training data and quality assurance records.

# 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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place for people to be protected from the risk of abuse. People and relatives told us people felt safe with staff support and trusted staff. One person commented, "I trust the staff, there is a key in the lock safe to let them in. I feel very safe with them."
- Staff were trained in how to safeguard people.
- Staff were aware of the signs of abuse and how to report safeguarding concerns. The registered manager was aware of their duty to raise or report any safeguarding incidents to ensure people were kept safe.

Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being were identified and managed. Measures were put in place to remove or reduce the risks.
- Risk assessments included environmental risks and any risks due to the health and support needs of the person. People's individual circumstances were recorded in each risk assessment and staff were given the guidance how to protect them from harm.
- The provider helped ensure people received support in the event of an emergency. An on-call service was available when the office was closed. A relative said, "I have a telephone number and can contact the agency at any time."

Staffing and recruitment

- There were sufficient staff to support people. Relatives and staff confirmed there were enough staff to support people safely and to ensure people's needs could be met. One relative commented, "It has been such a weight lifted with staff going in every day."
- Staff stayed for their allocated time, were reliable and usually arrived as arranged. One person said, "Staff do what is needed in half an hour, they don't have a lot of time to spare but they don't rush me."
- The provider had an ongoing programme of staff recruitment and retention.
- Safe and effective recruitment practices were mostly followed to help ensure only suitable staff were employed. Application forms were completed, references and proof of identification were checked. One of the management team interviewed prospective staff. We discussed that two staff members on the panel promoted equal opportunities and safeguarded people. The registered manager told us these areas would be addressed.

Using medicines safely

- People received their medicines in a safe way, where support was required. One relative told us, "[Name]'s medicines get given on time, staff have been great and I have no worries so far."

- Staff received regular medicines training and systems were in place to assess their competencies. A staff member told us, "I prompt people to take their medicine and for others I administer it."

#### Preventing and controlling infection

- Staff received training in infection control to make them aware of best practice.
- Gloves and aprons were available to staff to reduce the risks of infections spreading. People confirmed staff used the aprons and gloves. One person commented, "They [staff] will wear gloves and aprons when they need to."

#### Learning lessons when things go wrong

- People were supported safely and any incidents were recorded and monitored. Accident and incident reports were analysed, enabling any safety concerns to be acted on.
- Safety issues were discussed with staff to raise awareness of complying with standards and safe working practices.



# 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 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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA.

- No one was subject to any restrictions under the MCA.
- Staff had received training about the MCA.
- Records showed people's capacity to consent to various aspect of care or treatment had been assessed.

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

- People's care and support needs had been assessed before receiving a personal care service from Lotus Homecare. One relative said, "[Name] was lovely when they came and did the assessment at the start."
- Assessments included information about people's medical conditions, eating and drinking requirements and other aspects of their daily lives. One relative told us, "I have read the care plan it is a good representation of what [Name] needs."
- Staff were introduced to the person and supported to deliver their care package by senior staff until they felt confident to do so themselves.

Staff support: induction, training, skills and experience

- Staff told us they received training to help them carry out their role. One staff member said, "We're encouraged to do a diploma in care at level three." Another staff member said, "I've just done dementia care training again." Documentary evidence was not available to show the range of training that staff received or to show that that it was up-to-date.

We recommend the provider creates a system to evidence the training staff receive and to show that training, required by law, is renewed within the prescribed time frame.

- New staff completed a comprehensive induction, including the Care Certificate and worked with experienced staff members to learn about their role. One staff member said, "I started the Care Certificate during my induction."
- Staff had the opportunity for regular supervision and appraisal. Staff told us they felt supported. One staff member said, "I get supervision from the care co-ordinator every three months." All staff said, "It's a good agency to work for."

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

- People were supported with their food and drink where needed. One person told us, "I ask staff for a simple sandwich that makes into a toastie."
- Staff supported people with the preparing of their meals and drinks and care plans where required, described people's eating and drinking needs, and food likes and dislikes. One care plan stated, "I sleep a lot and need support and encouragement to drink top prevent dehydration."

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

- The service worked alongside local community and medical services to support people and maintain their health.
- People's medical conditions and how they managed them were documented in their care plans.
- Staff made sure people were supported if needed, by arranging assessments for specialist equipment that might enhance their lives, such as specialist beds or mattresses.
- Where people did sometimes need assistance, staff contacted the office staff to alert a health care professional or family member if they had concerns. One person told us, "Once, my legs started swelling so they[staff] got a GP for me."
- Relatives and families told us communication was effective and they were kept informed. One relative said, "Staff let us know and give me a call if there are any concerns."

# 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

- People were provided with kind and compassionate care. People and their relatives were all very positive about the care provided. One person said, "Staff are brilliant. They listen and some have become my friends." A relative commented, "[Name] likes the staff they must chat for [Name] to like them."
- People said they were mostly supported by the same staff on a regular basis. One person said, "Normally I have the same staff, I have got to know them, I get an odd different person, but not very often." Another person commented, "I usually have different people but I'm fine with that." Other comments included, "The staff are different every time." We discussed this with staff who told us they usually worked with the same people except when regular staff were on holiday or during staff sickness.
- Staff received training in equality and diversity and person-centred approaches to help them recognise the importance of treating people as unique individuals with different and diverse needs. A staff member commented, "I did equality and diversity training during my induction."

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

- Guidance was available in people's care plans which documented how people communicated.
- People and relatives were consulted about people's care and involved in their decisions. One person told us, "I tell staff what I want, they have never said no."
- Advocates were used when required. Advocates support people to express their views and choices relating to their own individual care. The registered manager told us that relatives were available to advocate on behalf of people.

Respecting and promoting people's privacy, dignity and independence

- People and relative's all maintained privacy and dignity were respected when people were supported. A relative told us, "Staff are very good they use a towel to cover [Name] as they support them from the shower." Another said, "Staff are very caring and respectful."
- Care plans were written in a respectful way, outlining for the staff how to provide individual care and support, that respected people's privacy, dignity and confidentiality.
- Staff supported people to be independent. People were encouraged to do as much as they could for themselves. One person said, "I'm perfectly alright to carry out my own personal care and whilst I can I will."

# 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 good. 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 was responsive to people's individual needs. It was delivered by staff who knew people well.
- Most care plans were in place and were developed from assessments that identified people's care and support requirements. We discussed with the registered manager that care plans were not in place for a person's needs, such as for mood and well-being and distressed behaviour as identified in the information the agency received when the person was referred to the service. They told us this would be addressed immediately.
- Information about people's needs was available in a paper copy in their home. One relative told us, "Me and my sister read the notes, they record what staff do and ask [Name]." Care plans were reviewed routinely and when a person's needs changed.
- People, relatives and other appropriate professionals were fully involved in planning how staff would provide care. One relative commented, "I feel we have a really good working partnership."
- Care plans took account of people's likes, dislikes and preferences. Care plans were not all person-centred, so staff had information about how to support the person, in the way they wanted and needed if they were unable to inform staff. One person said, "The staff are very good, the odd time I have to tell them what to do." We received information this was addressed straight after the inspection.

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 registered manager was aware of the accessible communication standards and told us of ways in which the service was meeting the standards. Information could be made available in an accessible format depending upon people's needs.
- Where English was not the person's first language interpreters would be used.
- Information was available in people's care records about how they communicated.

End of life care and support

- Information was available about the end-of-life wishes of people.
- Relevant people were involved in decisions about a person's end-of-life care choices when they could no longer make the decision for themselves.
- No one was receiving this care at the time of inspection.

Improving care quality in response to complaints or concerns

- A complaints policy was available. One complaint had been received that showed the service had acted to address any concerns.
- People told us they would feel happy to raise any concerns. One person said, "I complained once and it was sorted straight away."

# 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 good. 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

- The registered manager had a good oversight of what was happening in the service.
- Arrangements were in place to ensure people were the main focus and central to the processes of care planning, assessment and delivery of care. The registered manager was enthusiastic and worked to ensure people received individualised care and support. A relative commented, "They [staff] are spot on for what [Name] needs."
- People and relatives were very positive about service provision. One person told us, "I think the service is well-managed."

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

- People and staff told us the registered manager and management team were approachable. One person commented, "I can't fault them."
- There was a positive culture where staff and management took pride in the care and support that they provided.
- The registered manager worked well to ensure the effective day-to-day running of the service and had clear arrangements in place to cover any staff absences.
- Regular spot checks took place to gather people's views and to observe staff supporting people.
- Regular audits were completed to monitor service provision and to ensure the safety of people who used the service. The audits consisted of a wide range of weekly, monthly, and quarterly checks.

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 aims and objectives of the organisation were discussed with staff when they were employed.
- The management team understood their role and responsibilities to ensure incidents that required notifying were reported to the appropriate authorities if required.
- The registered manager understood the duty of candour responsibility, a set of expectations about being open and transparent when things go wrong. No incidents had met the criteria for duty of candour.

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

- Staff meetings were held regularly. Meetings provided opportunities for staff to feedback their views and suggestions.
- Staff told us they were listened to and it was a good place to work.
- Relatives and people were involved in decisions about care and advocates were also involved where required.

Continuous learning and improving care; Working in partnership with others

- There was an ethos of continual improvement and keeping up-to-date with best-practice in the service. There was a programme of ongoing staff training to ensure staff were skilled and competent.
- Records showed that staff communicated effectively with a range of health professionals to ensure that the person's needs were considered and understood so that they could access the support they needed.
- The management team and staff were enthusiastic and committed to further improving the service for the benefit of people using it.