

Lotus CCS Ltd

Lotus Community Care Service

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Lotus Community Care Service provides supported living services to people with a learning disability or autism and people with mental health needs. At the time of our inspection the provider operated 2 of these services in the London Borough of Ealing. Staff provided 24-hour support in each service. One was a house where 4 people lived, the other was a house where up to 5 people lived. There were 3 people living there at the time of our inspection. 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. Only 4 adults were receiving personal care at the time of our inspection.

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

Right Support

The use of surveillance in people's homes had not been arranged according to relevant codes of practice and legislation. People were supported to have choice and control in their lives and staff supported them to promote this. However, the policies and systems in the service did not always support this practice as it was not always clear how people's mental capacity was assessed and decisions were taken in their best interests.

The provider had not always implemented appropriate recruitment procedures to ensure only suitable staff were recruited to work at the service.

People received care and support that met their needs. Staff supported people with their medicines safely. The service gave people care and support in a safe, clean, and maintained environments that met their needs. People were able to personalise their rooms.

Right Culture

The provider's monitoring processes were not always effective in helping to ensure people consistently received good quality care and support that always promoted people's rights.

People and those important to them, including advocates, were involved in planning their care. People received consistent care from staff with whom they could develop relationships of trust.

The provider ensured staff had supervision and support to help them in their roles.

Right Care

The service had enough staff to keep people safe.

Staff had training on how to recognise and report abuse and they knew how to apply it. Staff attended training and completed an induction to help them support people.

The service worked with other agencies to support people to experience a smooth transition to the service. People could take part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities that promoted their independence and daily living.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 7 June 2022) and there were breaches of regulation. 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 the provider remained in breach of regulations.

Why we inspected

We carried out an announced comprehensive inspection of this service on 21 April 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 safe care and treatment, recruitment, care planning 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, Effective, Responsive 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 remained requires improvement. 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 Community Care Service on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to recruitment, to supporting people in line with the principles of the Mental Capacity Act 2005, promoting people's rights and good governance at this inspection. We have made a recommendation about person-centred support planning.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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.

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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Lotus Community Care Service

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

This inspection was conducted by 1 inspector and 1 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 provides care and support to people living in 2 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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 a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since we our last inspection. We used the information the provider sent us in the provider information return. 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 of this information to plan our inspection.

During the inspection

Inspection activity started on 5 July 2023 and ended on 26 July 2022. We visited the location's office on 7 July and one of the provider's supported living services on 7 July 2023. We then visited the other supported living service on 19 July 2023. We spoke with 1 person who used the service but did not receive personal care, 2 members of staff and the registered manager. We also spoke with 3 relatives of people who used the service and 1 professional who had worked with the service recently. We viewed a range of records relating to people's care and the management of the service. This included 2 people's care and risk management plans and care records. We saw 3 staff files in relation to recruitment, training and supervision. We viewed a variety of records relating to the management of the service, including meeting records 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. The rating for this key question has remained 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

At our last inspection we found staff recruitment was not always managed in a safe way. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 19.

- The registered manager had not always operated suitable recruitment processes to make sure they only offered roles to fit and proper applicants. This is because the provider had not always completed required recruitment checks to make sure they only offered roles to fit and proper applicants.
- Staff recruitment records showed the registered manager had not obtained a reference from a worker's most recent care and support employer. They could also not demonstrate that they had sufficiently established a reasonable account of 2 other workers' prior employment histories. We discussed these issues with the registered manager and they acknowledged their systems for ensuring appropriate checks were completed and recorded needed improvement.

We found no evidence people had been harmed however, these issues showed there was a risk people may receive care from staff who were not suitable for the role. This was a continued breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had completed other appropriate recruitment processes and these included Disclosure and Barring Service (DBS) and previous employment checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were sufficient numbers of staff to keep people safe. A person and staff told us they thought this as well. People were supported by consistent staff. This meant they had an opportunity to develop trusting relationships with the people supporting them. A professional told us they had observed staff interacting positively with people.

Assessing risk, safety monitoring and management

At our last inspection we found risks to people's safety were not always assessed, monitored

and managed so they were supported to stay safe. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

While some improvement was still required, enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Staff regularly checked hot water temperatures in people's homes to make sure these were safe. The recording of these in one of the services noted temperatures over 43°C at times, indicating potential for an increased risk of injury to people. We raised this with the registered manager and they showed us how attachments in people's showers kept water temperatures at a safe level. They also addressed recording with staff after our visit and demonstrated water temperatures remained safe.
- Staff supported people to manage the safety of their homes through other checks such as building and fire safety checks. The provider monitored services to make sure these checks took place and we saw they took action to address issues they found.
- There were systems in place to record, monitor and audit staff handling people's money, for example when they supported people to go shopping.
- People's support plans included basic risk assessments to help reduce risks to people's safety and wellbeing. These considered support with managing their behaviour, reducing anxiety and mobilising safely. A relative told us they felt their family member was safe.

Using medicines safely

- There were appropriate arrangements in place to ensure people received their prescribed medicine.
- Staff completed training on supporting people with their medicines safely. The registered manager made sure staff were assessed as competent to do this.
- Staff completed medicines administration records (MARs) to note when they supported a person to take their prescribed medicines. We saw these had been completed correctly. Senior staff audited these records regularly. The audits noted any issues found and actions taken to address them.
- A relative told us staff supported their family member with their medicine and there had been no issues with this. A professional described how appropriate staff support had helped a person to now take their prescribed medicines consistently when they often used to refuse this in the past.

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. Staff told us there were always supplies of PPE available for them.
- 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. A relative and a professional told us they found people's homes clean and tidy when they visited.
- 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.

Learning lessons when things go wrong

- There were systems in place for responding to incidents and accidents and learning from these.
- The registered manager maintained a log of incidents and accidents to make sure these were responded

to and practice learning was identified.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to protect people from the risk of abuse. These included records and regular checks of when staff handled people's money.
- Staff had completed training in safeguarding adults. The registered manager and staff we spoke with told us how they would respond to safeguarding concerns, including reporting these to statutory agencies.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant that while people experienced some good outcomes the effectiveness of people's care, treatment and support was not always consistent.

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 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 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.

- The service did not always work within the principles of the MCA.
- A person's support plan documents stated they lacked capacity to agree to their care arrangements and a decision about those arrangements had been made in the person's best interests. However, there was not a clear assessment of the person's capacity to make that decision or an appropriate record of a best interests decision being taken in line with required guidance.
- Other records of seeking the person's consent, such as for staff to administer medicine or for the service to take and use the person's photograph, had been signed by a relative. While there was no indication the person was at risk of harm, there was no record the relative had the legal authority to consent to these things on behalf of the person. The registered manager confirmed to us this was not in place and acknowledged they needed to improve their understanding of this. We discussed this with them so they could make practice improvements.

This meant people's rights were not being respected as they were not being supported in line with the principles of the Mental Capacity Act. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We saw the provider had worked with the local authority when it was determined a person lacked the capacity to agree to their care arrangements and these may have amounted to a deprivation of their liberty. The provider obtained a copy of the legal authorisation when a person's deprivation of liberty had been

authorised.

Staff support: induction, training, skills and experience

At our last inspection we found systems were either not in place or robust enough to demonstrate that the management of service records relating to staff training were effectively managed. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the service was no longer in breach of regulation 17 for the management of training records.

- Staff received training and support to enable them to carry out their duties,
- Staff had completed or were working to inductions and a range of training that included communication, autism and learning disability awareness, moving and handling, health and safety and duty of care.
- Staff received support in the form of regular supervision and appraisal sessions with a manager which were used to discuss their performance and people using the service. A member of staff described how the registered manager would pick different topics to discuss using these. Staff said supervisions were helpful and they felt supported by the managers.
- Staff told us they felt supported by colleagues and one member of staff commented, "There is good team work."

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

- The registered manager completed an assessment of people's care and support needs before they began using the service. People's families and professionals were involved in these assessments. This information was used to inform and develop people's support and risk management plans.
- A professional explained staff and the registered manager had worked in partnership with them to ensure people experienced a positive move to the service. This had enabled people who had lived together before and knew each other well to move in at the same time so they could maintain their friendship. The professional told us, "The transition went very smoothly."
- A member of staff described how they had consulted with another organisation's staff who previously supported people to understand people's needs and preferences before they moved to the service.
- People's assessments and support plans also considered people's age, ethnicity, gender and cultural and religious needs, such as how they practiced their religion.

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

- People received support to eat and drink enough to maintain a balanced diet.
- A professional told us that a person "eats well and has a balanced diet." They noted that since they moved to a service staff had supported the person to gain weight and this had improved their health.
- Staff supported people to be involved in preparing and cooking their own meals in their preferred way. We also observed staff supporting a person to have a snack when they wanted.
- People were able to eat and drink in line with their cultural preferences and beliefs. For example, staff supported a person to follow a diet that respected their religious beliefs.

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

- The service supported people to meet their day-to-day health needs.
- Staff supported people to register with a GP and attend health checks and appointments.
- A professional told us a person's health had improved significantly since they started using the service.

Staff and the registered manager also stated this and were pleased to have helped make this difference to the person's quality of life.

- The service worked in partnership with other agencies to provide timely, joined up care and support to people. This included working with doctors and social workers. A professional told us the service worked in collaboration with them.
- People had 'hospital passports' in place, documents used to inform healthcare professionals of people's needs in the event of their going to hospital.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

At the last inspection systems we found people's care was not always managed in a planned way that sufficiently recognised and reflected their needs and the care they received. This was a breach of Regulation 9 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 9.

- People received person-centred care and support that met their needs and preferences.
- Relatives and professionals told us people's support was personalised and met their needs. A relative told us, "[The person] is becoming more independent. I can see the change in them." A professional and staff described how a person's support had led to significant improvements in their daily living and quality of life. For example, in the past they had often refused things such as activities, medicines, personal care and going outside, but now they chose to take part in all these things.
- Staff supported people's religious needs. For example, staff accompanied a person to their church on a regular basis and helped another person to listen to religious music as part of their routine when going to bed.
- People's support plans set out basic information about their needs and preferences. For example, some of their preferences and things that were important to them. However, there was little evidence the service used person-centred approaches and tools to plan with some people with significant disabilities, and those important to them, to understand their goals and aspirations. We discussed this with the registered manager so they could make improvements.

We recommend the provider consider current guidance on person-centred planning and take action to update their practice accordingly.

- Staff said they found support plans helpful. Some people had only moved to the service shortly before our inspection and the registered manager was looking to add more detail to their plans as the service continued to develop an understanding of their needs and preferences. A professional we spoke with confirmed this. A person told us staff worked with them to review and update their support plan.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the

Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service met people's communication needs.
- A relative told us, "[The person] sounds happy, communicating with them all."
- People's support plans set out basic information about people's communication and sensory needs. For example, how a person may communicate through their behaviour and when a person had a visual impairment. We saw the service was accessing resources such as braille texts to promote a person's communication skills.
- We observed staff interacting with people positively and responding to their communications. For example, when a person used gestures and single words to articulate what they wanted.

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 staff supported people to maintain relationships with people important to them. Staff facilitated relatives visits to the people's homes and supported people to meet up with their family in the community. A relative told us, "[The person] is having a social life with others."
- Relatives and professionals said staff supported people to enjoy activities at home and out and about, such as music and dancing session. Care records also demonstrated this. We observed a person enjoying and singing along to music when we visited.
- Staff supported people to day centres during the week. A professional told us, "They have quite a timetable in place."
- People were supported to try new things and to develop their everyday living skills. For example, staff helped people to go shopping and cook their own food.
- The registered manager was planning a trip to the coast for people in the weeks after our inspection.

Improving care quality in response to complaints or concerns

- The registered manager had processes in place for receiving, recording and responding to complaints or concerns when required.
- A relative told us that when they have raised an issue the staff responded to this as requested, telling us, "They listened."

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. The rating for this key question has remained 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; Continuous learning and improving care

At our last inspection we found the provider's systems for monitoring the quality and safety of the service and service records were not effectively managed. This was an ongoing breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the provider remained in breach of regulations.

While we found some improvements had been made at this inspection, we found the provider remained in breach of regulations.

- The registered manager had not effectively operated their governance systems so as to address all of the issues we found the last time we inspected or to identify and address the issues we found at this inspection. For example, their systems of checks and audits that we saw had not enabled them to ensure they always operated suitable recruitment processes.
- They had not ensured people's rights were protected in line with the principles of the MCA.
- Since our last inspection the registered manager had installed CCTV cameras in some communal areas in both the supported living services. They had not followed the provider's policy or national guidance on setting up and using CCTV. For example, they had not completed an assessment of the purpose, necessity and risks of using such equipment. They had also not recorded seeking people's consent to use the cameras. This indicated the registered manager could not always demonstrate compliance with regulatory and legislative requirements.

We found no evidence that people had been harmed however, these issues indicated systems were not consistently robust enough to demonstrate safety and quality was effectively managed. This placed people at risk of harm. This demonstrated a repeated breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A person told us they were aware of the cameras, that they consented to their use and the provider told them about them being installed. A relative noted the CCTV was something that contributed to them feeling their family member was safe.
- The registered manager ensured a number of checks and audits were completed regularly to monitor the

quality and safety of people's care. For example, health and safety checks, support plan and money handling audits and weekly medicines support checks.

- Staff maintained accurate and up-to-date records of the care and support provided to people each day.
- The provider displayed the ratings for the last inspection at the service and on their website to inform people about the quality of the service.

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

- We received positive feedback about the culture and leadership of the service.
- A person described staff as "nice and very friendly" and said they always had time for the person. Relative told us of the staff, "What I've seen is they are kind and caring. They are trying." They also said, "It's a relaxed atmosphere."
- A professional spoke positively of people's person-centred care and commented, "I feel they put their soul and heart into the support."
- The registered manager and staff spoke with keenness about making a difference to people's lives. Staff expressed pride and a sense of achievement about supporting some people to achieve good outcomes. For example, when they described helping a person to develop confidence and trust so they now accepted support to go out into the community and enjoy some activities.

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 understood and explained their duty of candour responsibilities. They had processes in place to promote this.

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

- People, their relatives and staff had opportunities to be involved in the running of the service.
- A person told us they felt listened to and could always speak with the deputy manager and registered manager when they wanted to.
- Relatives were involved in people's care and support arrangements. A relative that they felt listened to and knew who to speak to when they wanted to.
- The registered manager held regular team meetings with staff to plan and discuss the running of the service. Staff said these were helpful, they had opportunities to contribute and felt listened to.
- Staff felt supported by the provider. They told us, "[The registered manager] is always available" and "The registered manager is good."

Working in partnership with others

- The service worked in partnership with other health and social care agencies, such as social workers and GPs. A professional told us the registered manager was very responsive to communications and provided information quickly. This helped people to receive joined-up care to meet their needs.

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 | Regulation 11 HSCA RA Regulations 2014 Need for consent The registered person did not ensure that the care and treatment of people was only provided with the consent of the relevant person. |

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

| Regulated activity | Regulation |
|--------------------|---|
| Personal care | Regulation 17 HSCA RA Regulations 2014 Good governance The registered person was not always effectively operating systems and processes to assess, monitor and improve the quality and safety of the services provided in carrying on the regulated activity |

The enforcement action we took:

Warning notice

| Regulated activity | Regulation |
|--------------------|--|
| Personal care | Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered person was not always operating robust recruitment procedures to ensure that they employed fit and proper persons for the purpose of carrying on the regulated activity |

The enforcement action we took:

Warning notice