

Lotus Home Care Limited

# Lotus Home Care Huddersfield

## Inspection report

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Tel: 01484598988

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Lotus care is a domiciliary care service providing care and support to adults and older people in their own homes. The service supports people with physical disabilities and mental health needs. At the time of our inspection there were 82 people 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

During this inspection, we found inconsistency in how the provider was following and applying their recruitment policy. People and staff raised concerns regarding the training staff received. We made a recommendation in relation to training. Staff did not feel supported by the management and there was a lack of supervisions completed with staff.

Staff and people did not feel their concerns were listened to or acted upon. Staff told us they did not think they always had enough time to travel between care visits, however people and relatives did not raise concerns in this area. We reviewed evidence confirming accidents and incidents were reviewed and lessons learnt shared with staff.

Care plans lacked detail around how best to support people. We made a recommendation in relation to care plans and risk assessments. Staff also felt changes to people's needs were not communicated to the staff team promptly. Medication times were not being logged so it was not clear if there was a sufficient gap between doses.

The quality assurance processes failed to identify concerns relating to medication, care plans, recruitment, complaints and supervisions. We found no evidence the service had sought feedback from people, staff or relatives.

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

The last rating for this service was good (published 1 April 2021).

### Why we inspected

We inspected this service due to concerns we had received regarding the recruitment of staff and the quality of care provided. We completed a focused inspection of the key questions safe and well-led. For those key questions not inspected, we used the rating awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lotus care on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We have identified a breach in relation to good governance at this inspection.

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 well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# 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. 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.

#### Inspection team

The service was inspected by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### 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

This inspection was announced. 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 9 January 2024 and ended on 30 January 2024. We visited the location's office

on 9 January 2024.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals 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 spoke with 10 members of staff including the registered manager. We spoke with 6 people and 9 relatives for their experiences of using the service. We looked at the care plans and medication records of 3 people, policies and procedures, 3 staff recruitment files and a number of quality audits.

# 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 good. At this inspection the rating has changed to 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

- The provider had systems in place to monitor staffing levels. An electronic system was used to determine staffing levels, issue staff rotas and deploy staff to people's care visits. However, staff informed us travel times were not always sufficient enough between calls. We did not find evidence of this having a negative impact on people's care.
- The provider had recruitment policies and procedures in place, but we found inconsistency in how these were followed. We found examples where the required checks were completed and recorded, but we also found examples where employment gaps had not been explored or interview notes recorded.
- We received mixed feedback about care staff from people and relatives. A relative told us, "The carers are warm and supportive." One person told us, "It's 50/50 really, some staff have left, [staff] just don't know what to do."
- A number of people felt staff were not sufficiently trained for their roles. One person said, "[Staff] are decent people who come, but some don't know what they're doing. Staff reported to us that the training they received was very basic and not detailed enough for staff new to care.

We recommend the provider reviews the training to ensure it allows staff to build on knowledge, skills and experience required for their role.

### Assessing risk, safety monitoring and management

- Risk assessments and care plans lacked detail around how to best support people.
- Staff stated care plans could be improved to include more detail. Some staff relied on people to inform them how they wanted to be supported.
- Staff reported communication between the management team and the staff team was very poor regarding changes in people's needs. One staff member said, "In regards to changes we sometimes won't even know and family will tell us. No communication is ever received from the office about anyone's needs or support that may have changed."

We recommend the service reviews people's care plans and risk assessments to ensure there is sufficient detail to guide staff in supporting people effectively to meet their needs.

### Learning lessons when things go wrong

- There was a system in place to record accident and incidents.
- Accident and incidents were analysed by the registered manager and information shared with staff around lessons learnt and actions needed to prevent reoccurrence.

### Using medicines safely

- Not everyone received support with their medication from care staff. Where they did there were systems in place to ensure people received these as prescribed.
- Care records included clear and up to date information about current medication and the level of support people required to take their medicines safely.
- We identified a few errors on archived Medication Administration Records (MARs) paperwork, as not all staff were recording the times of medicine administration, when this was required. This was fed back to the provider who made prompt changes to their systems to allow recording of times.

### Systems and processes to safeguard people from the risk of abuse

- The provider had systems to safeguard people from avoidable harm.
- Relatives and people had no concerns about their safety. One person told us, "Yes, I feel safe with [staff]."
- People were supported by staff who had been trained in safeguarding.

### Preventing and controlling infection

- We were assured that the provider had an up-to-date infection control policy in place, and was using personal protective equipment (PPE) effectively and safely.
- Staff had access to stocks of personal protective equipment (PPE).



# 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 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

- Systems and processes were in place to monitor the quality and safety of the service, but these were not always effective and frequently consisted of tick boxes with little or no actions. The provider's audits did not identify the concerns we found during the inspection.
- Communication was poor between the management team and staff, and changes were not always passed on promptly.
- Staff did not feel the managers were supportive. Staff could attend team meetings but did not find these beneficial. Staff reported they no longer attended team meetings as action was never taken regarding concerns they raised.

We found no evidence that people had been harmed, however, systems were not robust enough to demonstrate service improvement was effectively managed. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider was unable to demonstrate they sought feedback from relatives and staff.
- There was a lack of supervisions completed with staff. Competency checks completed on staff were not a true reflection of staff providing care and support. Staff informed us they were notified that a check would be completed so they were prepared.
- Concerns were not always acted on. For example, staff told us they were often late for calls due to short travel times and this had been raised with the managers but no changes had been implemented.
- Staff reported they were reluctant at raising further concerns as action was not taken to concerns they had raised previously.
- Relatives also felt their concerns were not actioned. One relative said, "I never know who is coming, I've complained to [managers] but nothing improves." Another relative told us, "When you ring the office up and complain about something, you expect to get a call back. My [relative] phoned and has not had a call back yet."

We found no evidence that people had been harmed, however, the service did not actively encourage and respond to feedback appropriately. This was a breach of Regulation 17 of the Health and Social Care Act

2008 (Regulated Activities) Regulations 2014.

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

- Staff we spoke to were very passionate about looking after people but did not feel supported by their managers.
- Staff, relatives, and people reported there was poor communication from the service. One relative said, "There's a communication problem between the office and the carers – the office don't pass on messages. Another relative said, "I asked for a sit down meeting, but nothing has been arranged yet."

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 their responsibility of being open and honest.

Working in partnership with others

- The service worked in partnership with local authorities. Following a quality monitoring visit from the local authority, the provider was working on making improvements.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not effectively operate systems and processes to assess, monitor and improve the quality and safety of the services.</p> <p>The provider did not actively encourage and respond to feedback appropriately.</p>