Lotus Care Home Limited

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We undertook this unannounced inspection on 2 February 2016. Lotus Care Home Limited is registered to provide personal care and accommodation for a maximum of 2 people with learning disabilities or autistic spectrum disorder. At this inspection there were 2 people living in the home.

At our last inspection on 15 September 2014 the service met all the regulations we looked at.

The home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act and associated Regulations about how the service is run.

One person and two relatives informed us that they were satisfied with the care provided for people who used the service. They stated that people had been treated with respect and people were safe living in the home. Four social care professionals we spoke with informed us that people were well cared for and they had no concerns regarding the safety and welfare of people. One person who used the service did not provide us with any verbal feedback. However, we observed that this person appeared well cared for.

There was a safeguarding adults policy and suitable arrangements for safeguarding people. Staff were caring and knowledgeable regarding the individual choices and preferences of people. People's care needs and potential risks to them were assessed and this information was easily accessible to staff. Staff prepared appropriate and up to date care plans which involved people and their representatives. Personal emergency and evacuation plans were prepared for people and these were seen in the care records. People's healthcare needs were monitored and attended to. Staff worked well with social and healthcare professionals to bring about improvements in people's care. This was confirmed by professionals who informed us that they were satisfied with the care provided for people and there had been improvements made in people's welfare.

There were arrangements for encouraging people to express their views and experiences regarding the care and management of the home. Residents' meetings had been held for people and the minutes were available for inspection. The home had an activities programme and people were encouraged to participate in social and therapeutic activities both in and outside the home.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS ensures that an individual being deprived of their liberty is monitored and the reasons why they are being restricted are regularly reviewed to make sure it is still in the person's best interests. During this inspection we found that the home had followed appropriate procedures for complying with the Deprivation of Liberty Safeguards (DoLS) when needed.

There were suitable arrangements for the provision of food to ensure that people's dietary needs and

cultural preferences were met. One person informed us that they liked the meals provided while another nodded when we asked if they had food they liked. There were arrangements for the recording, storage, administration and disposal of medicines and we noted from the records that people had been given their medicines as prescribed. Audit arrangements were in place and one person confirmed that they had been given their medication.

Staff had been carefully recruited and provided with induction and training to enable them to care effectively for people. They had the necessary support, supervision and appraisals from their manager. There were enough staff to meet people's needs. Teamwork and communication within the home was good.

One relative and two social and healthcare professionals expressed confidence in the management of the service. Staff were aware of the values and aims of the service and this included treating people with respect and dignity and promoting their independence. Checks and audits had been carried out. However, these were not sufficiently comprehensive as these checks failed to identify and rectify certain deficiencies noted such an outdated safeguarding policy and medication policy which did not contain guidance on storage temperature. The portable appliances certificate was not obtained until after the inspection. We also noted that there had not been any satisfaction survey in 2015. There was a complaints procedure and relatives stated that they knew who to complain to. One person made a complaint during this inspection. This was promptly responded to by the registered manager.

The premises were clean and tidy. Infection control measures were in place. There was a record of essential inspections and maintenance carried out. There were arrangements for fire safety which included alarm checks, drills, training and a fire equipment contract.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what actions we told the provider to take at the back of the full version of the report

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Staff were aware of the safeguarding policy. They had received training and knew how to recognise and report any concerns or allegation of abuse. People informed us that they felt safe in the home.

Risk assessments contained action for minimising potential risks to people. There were suitable arrangements for the management of medicines. Staff were carefully recruited. There were sufficient staff to meet people's needs. The home was clean and infection control measures were in place.

Is the service effective?

Good

The service was effective. People who used the service were supported by staff who were knowledgeable and understood their care needs. People's healthcare needs had been monitored and attended to. Their nutritional needs were met and they were able to prepare and have meals they liked.

Staff were well trained and supported to do their work. There were arrangements to meet the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring. People and their representatives said staff treated people with respect and dignity. Staff were able to form positive relationships with people and they were responsive to their needs..

Residents meetings and care reviews had been held. People and their representatives, were involved in decisions about their care.

Is the service responsive?

Good

The service was responsive. Care plans were comprehensive and addressed people's individual needs and choices. The home had an activities programme and there was evidence that people had gone on outings with staff. Action had been taken to encourage people to be as independent as possible.

The home had a complaints procedure. People and their relatives knew how to make a complaint if they needed to.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well-led. Audits and checks of the service had been carried out by the registered manager. These were not sufficiently comprehensive as these checks failed to identify and rectify certain deficiencies we noted

Professionals and a relative were satisfied with the management if the home. Staff worked well as a team and they informed us that they were well managed.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 2 February 2016 and it was announced. We notified the provider two days prior to this inspection as we wanted to be sure that the staff and people were in the home. On a previous occasion, when we visited all staff and the two people who used the service had gone out for the day. The inspection team consisted of one inspector. Before our inspection, we reviewed information we held about the home. This included notifications and reports provided by the home.

There were two people living in the home. We spoke one person. The second person did not provide us with any comments. We also spoke with two care staff and the registered manager of the home. We observed care and support in communal areas and also looked at the kitchen, garden and people's bedrooms. We also obtained feedback from four social care professionals.

We reviewed a range of records about people's care and how the home was managed. These included the care records for two people living there, four recent staff recruitment records, staff training and induction records. We checked the policies and procedures and maintenance records of the home.

Good

Is the service safe?

Our findings

There were arrangements to ensure that people were safe in the home. Relatives informed us that staff supervised people in the home and in the community and ensured that they were safe. One relative said, "The premises are fine and clean. My relative is happy in the home. The staff take good care of her." A social care professional informed us that staff were vigilant to ensure that people were safe when people were out of the home.

We observed that staff checked to ensure people were warmly dressed before they left the home. Staff also accompanied people to the car and ensured they had their seat belt on.

The service had suitable arrangements in place to ensure that people were protected from abuse. Staff had received training in safeguarding people. They could give us examples of what constituted abuse and they knew what action to take if they were aware that people who used the service were being abused. They informed us that they would report it to the registered manager. They said they could also report it directly to the local authority safeguarding team and the Care Quality Commission (CQC) if needed. The service had a safeguarding policy and details of the local safeguarding team. The safeguarding procedure had not been updated and still contained reference to previous legislation and the Independent Safeguarding Authority which has now been replaced by the Disclosure and Barring Service (DBS). The registered manager stated that the procedure would be updated.

Risk assessments had been prepared and these contained guidance for minimising potential risks such as risks associated with going out into the community, risks from traffic, talking to strangers and antisocial behaviour. Personal emergency and evacuation plans were prepared for people to ensure their safety in an emergency. The registered manager and staff we spoke with were aware of these risks and how to minimise them. A staff member informed us that they held the hand of a person who used the service when they went out. This ensured that this person was safe when out. The registered manager also informed us that staff were vigilant to ensure that one person was not put at risk or exploited as they may sometimes be taken advantage of by strangers. To protect this person, staff accompanied her to certain places where this may happen.

We looked at the staff records and discussed staffing levels with the registered manager. On the day of inspection there were a total of two people who used the service. The staffing levels consisted of the registered manager and one care staff during the day and one care staff on sleeping duty during the night. Staff we spoke with told us that there was sufficient staff for them to attend to their duties. One person and two relatives informed us that there were sufficient staff and they were satisfied with the care provided. During the day people went out to the day centre or on outings. The registered manager stated that if needed, staff would be at the home during the day.

We examined a sample of four records of staff. We noted that staff had been carefully recruited. Safe recruitment processes were in place, and the required checks were undertaken prior to staff starting work. This included completion of a criminal records disclosure, evidence of identity, permission to work in the

United Kingdom and a minimum of two references to ensure that staff were suitable to care for people.

There arrangements for the recording, storage, administration and disposal of medicines. Only one person was on prescribed medication. We saw no gaps in the medicines administration chart of this person. The temperature of the room where medicines were stored had not been monitored to ensure that it was within the recommended range. The registered manager took prompt action and started this monitoring on the day of our inspection. He stated that he was unaware that this needed to be done and the pharmacist had not advised him previously. The home had a system for auditing medicines. This was carried out by the registered manager. There was a policy and procedure for the administration of medicines.

There was a record of essential maintenance carried out. These included safety inspections of the portable appliances and gas boiler. The electrical installations inspection certificate indicated that the home's wiring was satisfactory. There was a fire risk assessment and the fire alarm was tested weekly to ensure it was in working condition. The fire risk assessment had however, not been updated in the past twelve months. The registered manager agreed to update this. He stated that the fire authorities had visited the home last year and they were satisfied with the fire safety arrangements. We noted that there was a record of this visit. Fire drills had been carried out regularly and some had been done after dark.

The premises were clean and no unpleasant odours were noted. Staff we spoke with had access to protective clothing including disposable gloves and aprons. The home had an infection control policy. We visited the laundry room and discussed the laundering of soiled linen with the registered manager and care staff. They were aware of the arrangements for soiled and infected linen and the need to in a sufficiently high temperature.

Good

Is the service effective?

Our findings

People and a relative informed us that staff were competent and the healthcare needs of people were attended to. One relative stated that staff had arranged medical appointments and accompanied people to these appointments.

People's healthcare needs were closely monitored by staff. Care records of people contained important information regarding their background, medical conditions and guidance on assisting people who may require special attention because of their health problems. There was evidence of recent appointments with healthcare professionals such as people's dentist, optician and GP.

We discussed the care of people with epilepsy with staff. Staff were aware of action to take if people experienced fits. They were also aware of the need to summon emergency assistance if the fits were prolonged. We noted that the home had monitoring charts to record fits experienced by people. Staff records indicated that staff had received training in the care of people with epilepsy.

There were arrangements to ensure that the nutritional needs of people were met. People's nutritional needs had been assessed and there was guidance for staff on meeting these needs. Staff were aware of how to promote healthy eating and they said they encouraged people to have fresh fruits and vegetables and discouraged them from overeating. One relative stated that their relative may have lost some weight, Monthly weights of people were recorded. We noted from the records that there were no major fluctuations in people's weight. Two professionals informed us that they had not noted any major variations in people's weight and they stated that people appeared well nourished. Staff were aware of action to take if there were significant variations in people's weight and this would include informing people's doctor.

Staff informed us that they had worked in the home for several years. They were knowledgeable regarding the needs of people. We saw copies of their training certificates which set out areas of training. Topics included moving and handling, health and safety, fire training and the administration of medicines. Staff confirmed that they had received the appropriate training for their role.

No new staff had been recruited since the last inspection. We noted that existing staff had undergone a period of induction to prepare them for their responsibilities. The induction programme was extensive. The topics covered included policies and procedures, staff conduct, information on health and safety. Staff said they worked well as a team and received the support they needed. The registered manager carried out supervision and annual appraisals of staff. Staff we spoke with confirmed that this took place and we saw evidence of this in the staff records. They informed us that communication was good and their manager was approachable.

We checked whether the service was working within the principles of The Mental Capacity Act 2005 (MCA). The 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. We saw evidence in the care records that best interest decisions had been made for people and professionals involved had been consulted. We saw evidence of DoLS applications being made for people to ensure their safety and protection. However, authorisation had not yet been received. This was discussed with the registered manager who said that he would be contacting the responsible DoLS officers for a response. This was confirmed by the officers concerned soon after the inspection. Staff had not received training in the MCA. The registered manager informed us that training had been booked for March 2016. The registered manager provided us with documented evidence soon after the inspection that training had been booked as mentioned.

Good

Is the service caring?

Our findings

One person who used the service stated that they were well treated by staff. Two relatives informed us that people got on well with staff. Relatives stated that their relative were happy to return to the home and got on well with staff. Professionals stated that staff had a good rapport with people and people looked happy when with staff. Staff said they aimed to create a homely atmosphere for people

We saw that people were comfortable with staff and able to approach staff and communicated with staff. There were respectful and pleasant interactions between staff and people who used the service. Staff spoke in a gentle way with people. We saw one person going to the kitchen to assist staff make tea. We saw the second person was watching TV and appeared relax. People co-operated well with staff and got themselves ready to go out when staff requested them to do so.

Staff we spoke with had a good understanding of the importance of treating people as individuals and respecting their dignity. The home had a charter which aimed at promoting equality and diversity. We saw detailed information in people's care plans about their life history and their interests, choices and preferences. Care plans included information that showed people or their relatives had been consulted about their individual needs including their likes and dislikes, spiritual and cultural needs. This ensured that staff were able to understand and interact well with people. Information regarding people's communication problems and how to communicate effectively with people was available in their care records.

People were supported to maintain relationships with family and friends. One relative stated that they were kept informed of the progress of their relative in the home. Another relative stated that their relative had visited them and stayed with them recently.

Staff held regular meetings where people could make suggestions regarding their care and activities they liked. The minutes of these meetings were available. Care staff told us they assisted people make choices regarding what clothes they wanted to wear and meals they wanted to have. People were also encouraged to be as independent as possible and do as much as they can for themselves. For example, a person was encouraged to dry the dishes and keep their bedroom tidy while another was encouraged to put their clothes in the drawer and assist with cleaning the kitchen.

The registered manager explained that staff held regular one to one sessions where people could provide feedback and make suggestions regarding their care. However, we noted that these sessions were not documented and therefore there was no evidence that these took place. The registered manager stated that in future these meetings would be documented.

Each person had their own room. The bedrooms were clean, well-furnished and had been personalised with people's own ornaments and belongings according to their preference.

Good

Is the service responsive?

Our findings

Relatives informed us that the service provided care which met the individual needs of people. Both indicated to us by their comments that people had benefitted and made improvements since staying at the home. One relative said, "The staff have helped my relative by providing continuity of care and they have ensured that my relative continued to attend the same activities and club." Professionals also stated that they had seen positive improvements in people. One professional stated that staff were responsive and communicated well with them regarding any changes affecting people.

One person however, made a complaint and stated that some staff were unresponsive. This relative did not want to be anonymous and was happy for us to relay the complaint to the provider. The provider responded promptly and followed up on the complaint made.

The home provided care which was individualised and person-centred. People and their representatives were involved in planning care and the support provided. People's needs had been carefully assessed before they moved into the home. These assessments included information about a range of needs including health, nutrition, mobility, medical and communication needs. Care plans were prepared with the involvement of people and their representatives. Staff had been given guidance on how to meet people's needs and when asked they demonstrated a good understanding of the needs of each person such as what people liked to eat and what they enjoyed doing.

The registered manager informed us that they encouraged staff to take part in activities. Activities organised for people and included outings to the pub, snooker games, football, shopping trips and holidays. We saw certificates of achievement which indicated that people had been encouraged to develop their potential in areas such as sports activities and skills for living.

Reviews of care had been arranged with people and professionals involved to discuss people's progress. This was confirmed in the care records and by professionals involved. We noted that relatives had been invited to these reviews.

The home had a complaints procedure and this was included in the statement of purpose. No complaints had been documented. The registered manager explained that none had been received. Relatives informed us that they knew who to complain to. Staff knew they needed to document and report all complaints to the registered manager so that they can be followed up. We noted that the complaints procedure had not been updated and still referred to previous legislation. The registered manager informed us soon after the inspection that this had been updated.

Requires Improvement

Is the service well-led?

Our findings

Professionals and one relative expressed confidence in the management of the home and were of the opinion that people were well cared for. One relative stated, "The home is well run. I can contact the manager at any time if I have any concerns. They respond promptly. I am kept informed of any changes." Professionals informed us that they had no concerns and staff maintained good liaison with them.

One relative however, was not satisfied with the management of the home and stated that communication was poor and they had not been able to contact staff when they wanted to. This relative did not wish to remain anonymous. The registered manager stated that the home had made effort to contact this relative and they would continue to make effort to communicate with them. The registered manager also stated that they had been in contact with this relative recently. Evidence of this was provided. We were also informed that following this feedback staff had left a message for her to contact them.

There was a system for ensuring effective communication among staff. The home had a communication book which was used for passing on important information such as appointments and duties for staff. Staff informed us that there were meetings where they regularly discussed the care of people and the management of the home. They stated that the registered manager was approachable and listened to their views. Staff said the home was well managed and they had confidence in their manager.

There was a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding, administration of medicines and health and safety. Staff were aware of these policies. We however, noted that some of these policies and procedures had not been updated within the past three years and some information contained in them were out of date. The registered manager agreed to update them and this was done after the inspection.

The home had not carried out a satisfaction survey in the previous year. The registered manager stated that a new survey had just been started and survey forms had been sent out but none had yet been returned.

Audits and checks of the service had been carried out by the registered manager. These were carried out monthly and included checks on care documentation, cleanliness, medicines, and maintenance of the home. Evidence of these were provided. We however, noted that these audits were not sufficiently robust and did not identify and rectify deficiencies such as policies which had not been updated until after we pointed them out to the registered manager. These included the policies for safeguarding and medicines. In addition these audits did not identify that the home did not have a PAT certificate (Portable Appliances Certificate). This lack of effective quality assurance systems for assessing, monitoring and improving the quality of the service may affect the safety and quality of care provided for people and is a breach of Regulation 17 (1) (2).

Staff were aware of the values and aims of the service and this included treating people with respect and dignity and encouraging them to be as independent as possible.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The service did not have effective quality assurance systems for assessing, monitoring and improving the quality of the service.