Lotus Care Home Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We undertook this announced inspection on 27 February and 6 March 2018. Lotus Care Home Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission [CQC] regulates both the premises and the care provided, and both were looked at during this inspection. Lotus Care Home Limited is registered to provide personal care and accommodation for a maximum of two people. At this inspection there were two people living in the home with learning disabilities.

At our last comprehensive inspection on 2 February 2016 with one exception, the service met the regulations we inspected and was rated Good. At that inspection we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to Good governance. We inspected the service again on 12 January 2017 and we found that the service had taken action to comply with the requirement. The service had a system of checks to ensure people received the care they needed. Audits had been carried out since the last inspection. At this inspection we found some deficiencies and have rated the service as Requires Improvement.

There was a registered manager in place. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Arrangements were in place to keep people safe. Care workers understood how to safeguard the people they supported. There was a safeguarding adults policy and care workers had received training in safeguarding people. They knew what action to take if they were aware that people who used the service were being abused.

People's individual needs and risks were identified and managed as part of their plan of care and support. Risk assessments contained guidance to care workers on minimising potential risks to people.

There were arrangements for ensuring fire safety. Fire alarm tests and drills had been carried out. Personal emergency and evacuation plans (PEEPs) were prepared for people and these were seen in the care records.

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 suitable 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.

Care workers had been carefully vetted and the appropriate checks prior to them being employed had been carried out. The staffing levels were adequate. Care workers had received essential training, supervision and appraisals from the registered manager.

There were arrangements for the provision of meals to ensure that people's varied and diverse dietary needs and preferences were met.

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 not made a DoLS application for a person who's liberty had been restricted for their own safety

Care workers were aware of the human rights of people and the importance of treating people with respect and dignity and promoting their independence. There was a policy on promoting equality and valuing diversity (E & D) and respecting people's individual choices, beliefs, culture, sexuality and background. Care workers were aware of the importance of treating people as individuals and ensuring that their diverse needs were attended to.

People received personalised care and they indicated to us that they were happy living in the home. Their care plans were informative and included details of people's individual preferences and needs. This enabled care workers to provide people with the care and support they needed. One person's care had not been formally reviewed with them and their representatives within the past twelve months. Another relative stated that they were not given sufficiently notice of a care review. This meant that people's representatives were not able to attend the care reviews. We have made a recommendation in respect of this.

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 be as independent as possible and participate in social and therapeutic activities.

There was a complaints procedure and relatives knew who to complain to. The complaints book however, did not contain a record of several complaints made by a relative. The registered manager stated that this would be rectified.

Checks and audits had been carried out. We however, noted several deficiencies which the service had failed to identify and rectify. These included not having a comprehensive fire risk assessment of the premises, a DoLS application had not been made for a person who's liberty had been restricted for their own safety and some complaints made had not been recorded.

We found two breaches 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.

There were arrangements to ensure the protection and safety of people.Care workers had received training. They were carefully recruited. There were sufficient care workers to meet people's needs.

Risk assessments contained action for minimising potential risks to people.

There were suitable arrangements for the management of medicines.

The home was clean and infection control measures were in place.

Is the service effective?

Requires Improvement

One aspect of the service was not effective.

A DoLS application had not been made for a person who's liberty had been restricted for their own safety.

Care workers had received essential training and support to do their work. People were supported by care workers who were knowledgeable and understood their care needs.

People's healthcare needs had been monitored and they had access to healthcare professionals. There were arrangements for meeting people's nutritional needs.

Is the service caring?

Good

The service was caring. People had been treated with respect and dignity. Care workers were aware of the need to protect people's privacy.

Care workers communicated well with people and were able to form positive relationships with people.

People were encouraged to express their views.

There were arrangements for complying with the Accessible Information Standard.

Is the service responsive?

Requires Improvement

Some aspects of the service were not responsive.

The complaints record book did not have a record of complaints made and how they were responded to.

Care plans had been prepared for people. However, these had not been reviewed with their representatives in the past twelve months.

The home had an activities programme for people and they had been encouraged to be as independent as possible.

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.

No satisfaction survey had been carried out in the past twelve months. Meetings had been held where care workers could express their views. Care workers worked well as a team.

Lotus Care Home Limited

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 27 February and 6 March 2018 and it was announced. We notified the provider two days prior to this inspection as we wanted to be sure that the care workers and people were in the home. On a previous occasion, when we visited all care workers 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 from the home, complaints received and reports provided by the local authority. The provider completed and returned to us a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

There were two people living in the home. We spoke with two people who used the service. One of them had communication difficulties and only nodded and smiled in response to our questions. We also spoke with two relatives and received feedback from two social care professionals.

We looked at the kitchen, medicines cabinet, communal areas and people's bedrooms. We reviewed a range of records about people's care and how the home was managed. These included the care records for two people, three staff recruitment records, supervision and training records. We checked the audits, policies and procedures and maintenance records of the home.

Good

Our findings

The home had arrangements to protect people from abuse. Relatives indicated that people were safe in the home. A relative stated, "My relative is safe there. There are usually staff around when I visit." A social care professional informed us that people were well cared for and they had no concerns regarding people's safety.

There was a safeguarding policy and details of the local safeguarding team were available in the home. Care workers 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 could also report it directly to the local authority safeguarding team and the CQC if needed. We a received a complain from a relative during the course of this inspection. This complaint has now been notified to the local safeguarding team for investigation.

Risk assessments had been prepared for people. 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 (PEEPs) were prepared for people to ensure their safety in an emergency.

There were arrangements for the recording, storage, administration and disposal of medicines. The home had a medicines policy. Only one person had been prescribed medicines. We examined the medicine administration record (MAR). There were no unexplained gaps. This indicated that the person concerned had been given their prescribed medicines. This was also confirmed by the person we spoke with. The temperature of the room where medicines were stored had been checked daily to ensure they were within the required temperature range.

There were arrangements for ensuring fire safety. The fire alarm was tested weekly to ensure it was in working condition. Fire drills had been carried out regularly. Fire procedures were on display in the home. Care workers had received fire training and were aware of action to take in the event of a fire. The registered manager stated that the fire authorities had visited the home recently and expressed no concerns. The fire risk assessment of the premises was not sufficiently comprehensive as it did not include information on potential risk in some areas of the home and what action had been taken to minimise risks in those areas. A revised risk assessment with details of action taken was sent to us after the inspection.

The hot water temperatures had been checked daily by care workers and recorded. This ensured that

people were not at risk of scalding. The home had a record of essential maintenance carried out. These included safety inspections of the portable appliances and gas boiler. The electrical installations inspection certificate dated January 2016 indicated that the home's wiring was satisfactory.

The home had a recruitment procedure to ensure that care workers recruited were suitable and had the appropriate checks prior to being employed. No new care workers had been recruited since the last inspection. We examined a sample of three records of care workers. We noted that all the records had the necessary documentation such as a Disclosure and Barring Service check (DBS), references, evidence of identity and permission to work in the United Kingdom.

People and relatives informed us that the staffing levels were adequate. On the first day of inspection there were a total of two people who lived in the home. The staffing levels during the day shifts normally consisted of two care workers. During the night shifts there was one care worker on duty.

The premises were clean and tidy. No unpleasant odours were noted. The home had an infection control policy together with guidance regarding infectious diseases. Gloves and aprons were available. There was a cleaning schedule for the home to ensure that it was kept clean.

We reviewed the accident record. No accidents were recorded. The registered manager stated that there had been none.

The service had a current certificate of insurance and employer's liability which expires in October 2018.

Requires Improvement

Our findings

People's care records indicated that they had received an initial assessment of their needs with involvement from their representatives or relatives before moving into the home. The assessments contained important information about people's health and personal care needs. Individual care plans were then prepared with details such as people's cultural needs, preferences, activities they liked and how care workers were to provide the care they needed.

People's healthcare needs were monitored by care workers. 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 mental state or behavioural issues. Appointments with healthcare professionals had been recorded. We saw documented evidence of recent appointments with healthcare professionals such as people's GP and dentist.

Arrangements were in place to encourage healthy eating and ensure that the nutritional needs of people were met. The meals provided were varied and reflected the cultural and personal preferences of people. Care worker stated that they encouraged people to eat fresh fruits and vegetables and have a balanced diet. We observed that people were provided with drinks by care workers. One person told us that they had been provided the drink they liked. To ensure that people received sufficient nutrition, monthly weights of people were documented in their care records. One relative said, "My relative had problems with their weight but since being at the home it has improved and the weight is stable now." A second relative expressed some concerns regarding the breakfast provided. The registered manager stated that they would discuss the concerns with this relative.

There were arrangements to ensure that care workers were supported to do their work. The service had a training matrix with details of comprehensive training provided. Care workers confirmed that they had received appropriate training for their role. We saw copies of their training certificates which set out areas of training. Topics included the administration of medicines, care of people with epilepsy, health and safety, Mental Capacity Act and safeguarding. No new care workers had been recruited since the last inspection. All care workers had worked at the home for several years. Care workers said they worked well as a team and received the support they needed. Records of care workers contained evidence of supervision and appraisals. Care workers we spoke with confirmed that these took place.

We checked whether the home 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. Where people lacked capacity, details of their advocates or people to be consulted would need to be documented in the assessments. The registered manager informed us that one person living in the home did not have capacity. We saw evidence of a best interest decision made for this person.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA. One person had a DoLS authorisation. Another person who required continuous supervision and could not go out on their own did not have a DoLS authorisation. We discussed with the registered manager the need to apply for a DoLS authorisation for this person. The registered manager stated that an application would be made. Soon after the inspection he sent us evidence that it had been applied for.

Good

Our findings

We observed that care workers were pleasant and interacted well with people. They smiled and talked with people in a friendly manner. People appeared comfortable and at ease with care workers. One person was using their mobile phone. A care worker informed us that this person had a new phone and enjoyed using it. This person appeared happy and indicated to us that they liked their phone. Another person was talking with another care worker and appeared to enjoy the interaction.
A relative who spoke with us said, "The staff are caring and professional. They are friendly and know about the needs of my relative. A social care professional informed us that care workers treated people with respect and dignity.

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

We saw detailed information in people's care plans about their life history and their interests, choices and preferences. Care plans included information regarding people's likes and dislikes, and any other special needs they may have such as spiritual and cultural needs. This ensured that staff were able to understand and interact well with people.

The registered manager and the two care workers we spoke with had worked with people for many years. We saw that they communicated well and people responded to them. They were also aware of non-verbal signs which indicated that people wanted attention, for example a person may hold a care worker's hand and when they needed assistance with personal care or go into the kitchen when they wanted food.

People were supported to maintain relationships with their family. One relative stated that they were kept informed of the progress of their relative in the home. Another relative however stated that they were not always kept informed and that care workers did not always communicate with them. The registered manager stated that they would take action to improve communication.

There were meetings where people could make suggestions regarding their care and activities they liked. The minutes of these meetings were available. Care workers also told us they assisted people make choices regarding what clothes they wanted to wear and meals they wanted.

The home had a policy on promoting equality and valuing diversity (E & D) and respecting people's individual beliefs, culture, sexuality and background. One person informed us that they had been to a place of worship regularly. Meals which reflected the ethnic and cultural needs of people had been provided. One person needed special haircare products for their particular type of hair and this had been provided.

Care workers were also aware of the need to ensure the privacy of people. They stated that they would knock on bedroom doors before entering bedrooms. They would also ensure that doors were closed and curtains drawn before providing personal care.

Effort had been made to provide a pleasant environment for people and help them feel at home. The lounge had comfortable seating. The bedrooms were well-furnished and had been personalised with people's own ornaments, memorabilia, photos and equipment they liked.

We discussed the steps taken by the home to comply with the Accessible Information Standard. All organisations that provide NHS or adult social care must follow this standard by law. This standard tell organisations how they should make sure that people who used the service who have a disability, impairment or sensory loss can understand the information they are given. The registered manager stated that some documents such as the menu and some notices were in pictorial form. The home had a picture book which can be used when encouraging people to choose foods they liked. The registered manager stated that the home was also in the process of preparing more documents in pictorial form.

Requires Improvement

Our findings

Some aspects of the service were not responsive. The home had a complaints procedure. The complaints book however, did not contain a record of several complaints made by a relative. This relative also stated that they had made a number of queries which were not responded to. These complaints were discussed with the registered manager. The registered manager stated that this would be rectified and they would improve communication with this relative.

Appropriate records of complaints and action taken in response are needed to evidence that the concerns of people have been adequately and promptly responded to. Failure to record and establish an effective system for handling complaints is a breach of Regulation16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to receiving and acting on complaints.

One person informed us that they were satisfied with the care provided and care workers were responsive to their needs. They stated that there was a variety of activities in the home. A relative told us that care workers had worked with their reltive for many years and they were able to meet the needs of their relative. This relative stated that their relative had improved in their behaviour and health since staying at the home. A social care professional informed us that people were very well cared for and they had no concerns. This professional stated that their client was always well dressed when they saw them.

The care needs of people had been carefully assessed. These assessments included information about a range of needs including those related to their medical health, mental health, nutritional needs, cultural and behavioural needs. Care plans were then prepared by care workers. Care records contained photos of people so that they could be easily identified by care workers. Care workers had been given guidance on how to meet people's needs and when asked they demonstrated a good understanding of how to care for people.

One person in the home had a healthcare need which required them to be monitored and supported by care workers. This person's care records contained an appropriate guidance and a care plan for the specific need. Care workers we spoke with were aware of action to take if this person's health suddenly deteriorated. We noted that their care had been reviewed by their GP. The registered manager informed us that an appointment had been made for this person to see a medical consultant to review their condition.

A second person had behavioural issues. Their care plan contained guidance on how they should be cared for. Care workers were aware of how to care for this person and their care had been reviewed regularly. This

person informed us that they were well cared for by care workers and felt supported by them. This was reiterated by the person's relative who was satisfied with the care provided.

People and their representatives had contact with people who used the service. The care records contained evidence that formal reviews of care had been arranged with one person, their relatives and professionals involved. We however, noted that the care of a second person who lacked capacity had not been formally reviewed in the past twelve months with their relative. The registered manager stated that this was due to be arranged soon. After the inspection, he confirmed that a date had been fixed for this with the local authority care manager concerned. A relative stated that a review was arranged last year. However, they could not attend as they were only informed of the review at short notice. Reviews of care with people and their representatives are needed to ensure that the care provided is appropriate and people's representatives can discuss the care provided.

We recommend that the home review the arrangements of their care reviews so that people and their representatives can participate and discuss the care provided. This would ensure that the care provided is appropriate and reflect the changing needs of people.

The care records contained individual programmes of weekly activities to ensure that people received adequate social and therapeutic stimulation. Activities that people had chosen to engage in included shopping, walks, outings to places of interest and attendance at a day centre. One person said they were happy with their activities and also showed us their colouring book. This person said they enjoyed colouring. Both people indicated to us that they enjoyed going on holidays organised by the home in the previous year. One relative stated that there were insufficient activities for their relative when they did not attend the day centre. The registered manager stated that they had organised various activities for this person and provided us with documented evidence activities that people had engaged in apart from day centre attendance.

Care workers encouraged people to be as independent as possible and they were regularly prompting them to engage in household chores. One person assisted care workers in the kitchen to dry up the dishes and tidy the work tops and table. This person was also supported to clean their bedroom. The registered manager stated that people usually push the shopping trolley and made choices regarding food they wanted to eat. A second person was encouraged to dress themselves. This person had put on their clothes and shoes with assistance. People were also encouraged to takes their used cups and plates to the sink.

Requires Improvement

Our findings

Some aspects of the service were not well led. No satisfaction survey had been carried out in the past twelve months. The registered manager stated that one would be carried out soon. 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 promptly rectify deficiencies such as not having a comprehensive fire risk assessment of the premises, possible DoLS deficiencies, the failure to record complaints and overall communication matters

The above demonstrated that there was a lack of effective quality assurance systems for assessing, monitoring and improving the quality of the service. This may affect the safety and quality of care provided for people and is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

There was a clear management structure in place. The registered manager was supported by a deputy manager and a team of care workers. Care workers informed us that they worked as a team and they found their managers to be supportive and approachable. They were aware of their roles and responsibilities.

There was a system for ensuring effective communication among care workers. The registered manager informed us that verbal handovers took place. The home had a communication diary which was used for passing on important information such as appointments and duties to care workers. Care workers informed us that there were meetings where they regularly discussed the care of people and the management of the home. The minutes of meetings were recorded. They stated that the home was well managed and they had confidence in their manager.

There was a range of policies and procedures to ensure that care workers 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. Care workers were aware of these policies.

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
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The service did not ensure that there was an effective system for handling complaints.

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