



# Inspection Report on

**Lotus Care and Support Services**

**Hazel Suite  
Caerleon House  
Mamhilad Park Estate  
Pontypool  
NP4 0XX**

**Date Inspection Completed**

20/02/2024

**Welsh Government © Crown copyright 2024.**

*You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: [psi@nationalarchives.gsi.gov.uk](mailto:psi@nationalarchives.gsi.gov.uk)*  
*You must reproduce our material accurately and not use it in a misleading context.*

## About Lotus Care and Support Services

Type of care provided	Domiciliary Support Service
Registered Provider	Lotus Care and Support Services Limited
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	13 October 2022
Does this service promote Welsh language and culture?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

### Summary

People told us they receive a good standard of care and support, and they are very complimentary of the service provided. People are listened to, and their voice is promoted. They are supported with their physical health and emotional well-being. Personal plans are available for each person. The review of personal plans requires some consideration. Specific risk assessments are in place to accompany plans of care but these lack detail on how risks to people are mitigated.

Infection prevention and control measures in place need improving and more oversight by senior staff. There is oversight of service delivery by the service provider and quality assurance processes are in place. Staff are safely recruited. Care staff supervision requires some strengthening. Policies and procedures support care staff practice. The service provider has appointed someone to be the Responsible Individual for the service. Their appointment is currently being assessed by CIW.

## Well-being

People have as much control over their daily lives as possible. Assessments of needs are undertaken with people before they receive a service. A personalised approach is taken by the service, people's preferences are acknowledged and recorded. People are involved in their care arrangements and are respected.

The service provider told us no person currently requires a Welsh language service. Although there is a commitment in making provision for the Welsh language 'Active Offer', which is included in service documentation. Quality assurance systems in place allow for people being supported and care worker views to be sought on how satisfied they are with the service, including how things could be improved.

Physical and emotional well-being is promoted. People are supported to access healthcare services when needed. We saw evidence of engagement with health and social care professionals when needs have changed, however this is not always reflected and updated in personal plans. People are safely supported with their medication. Dietary preferences are recorded, and the support provided is documented in care records. Care recordings and medication administration is overseen by the management team.

People are mostly safeguarded; however infection prevention and control measures require further oversight. Specific assessments are in place to support people with risk taking, but assessments do not always clearly consider how risks to people are mitigated. More robust measures and oversight is needed to protect people receiving services from the risk of infection and cross contamination.

The provider has completed Disclosure and Barring Service (DBS) checks on staff. The DBS helps employers maintain safety within the service. Care staff are confident in reporting any concerns and feel they would be listened to, and actions taken, if the need arose. Character and suitability checks of care staff to undertake their roles are in place. Staff receive safeguarding training. Care Inspectorate Wales are not always notified of events as required. Governance, auditing, and quality assurance arrangements are in place. These help the service to self-evaluate and identify where improvements are required.

## Care and Support

People and their families are happy with the care and support provided and have good relationships with care staff. Comments include, *“The cares are polite and respectful,”* *“Carers are brilliant,”* and *“They are very polite; (X) is very fond of a few of the carers and has built up a really good relationship up with them.”* Some people told us care call timings can be inconsistent. Care records do reflect there is some variance in planned care call times and actual call times. We spoke with the manager who told us they are looking into this and trying to improve call time management. We are satisfied this area is being addressed.

Personal plans mostly set out how care and support needs are met. People are involved in reviewing their personal plan, but more consistency is required to ensure personal plans are reviewed at least three monthly. Attention is required to ensure personal plans are reflective of care and support being provided. We were told one person requires specific equipment in place to promote healthy skin, but this is not included in their plan of care. Specific risk assessments are in place, for example, medication and bed rail risk assessments. Although risks identified are not always robustly reviewed to ensure risk mitigation is duly considered. This is an area for improvement, and we expect the service provider to take action to address this and we will follow this up at the next inspection.

People’s physical health and overall well-being is promoted. Records show the provider makes referrals to social and health care professionals in a timely manner to support people to remain healthy. There is an on-call process providing guidance and management support. This informs care workers on what action to take in the event of an emergency outside office hours. People’s safety is promoted by an auditing process of key service documentation overseen by office staff.

Arrangements are in place to support people with their medication; however, infection prevention and control measures need to be strengthened. A medication policy provides guidance on the administration of medication. Care workers complete medication training and supervisory staff assess care worker competency. We sampled a small number of medication administration records and found these are completed well.

An infection control policy is in place; but we were told staff do not always adhere to the guidance available to them. People we spoke with told us care workers do not always wear all the appropriate personal protective equipment (PPE) when delivering personal care. Records reveal five care workers require refresher training in infection control. This is an area for improvement, and we expect the service provider to take action to address this and we will follow this up at the next inspection.

## Leadership and Management

Systems are in place to measure and monitor the performance of the service. The service provider completes a report every three months reflecting they consult with people and their relatives, including care staff, whilst considering the quality of service delivery. The quality of care is reviewed on a six-monthly basis and a report is produced. However, the views of people using the service are not clearly reflected in the most recent six-monthly quality of care report. We are assured this will be addressed during the next quality care review.

The Statement of Purpose provides an overall picture of the service offered, including provision of the Welsh 'Active Offer. CIW are not always notified of all matters as required. We discussed the notification process with senior managers and are satisfied this requirement will be acted on.

Systems are in place to for care staff to receive support in their role, however the frequency of supervision requires some improvement. Care workers receive training and are supported to register with Social Care Wales. Training statistics indicate care workers complete a range of mandatory training. Training records on care worker files reveal they have completed training; however, some care staff require refresher training in some core subjects. Care staff told us they feel supported, and records reflect they receive an induction into their role and an annual appraisal. Supervision records reveal care workers are not always receiving formal supervision every three months. This is an area for improvement, and we expect the service provider to take action to address this and we will follow this up at the next inspection.

Selection and vetting arrangements are in place. The recruitment files we sampled show the service has conducted most of the required pre-employment and identification checks to ensure suitability. Records show DBS checks are completed for all care staff. We informed the service provider some attention needs to be given to employment references. There is a lack of documentation on file of any follow up action taken where references cannot be obtained. We will follow this up at the next inspection.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

### Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

### Area(s) for Improvement

Regulation	Summary	Status
------------	---------	--------

56	Ensure the service provided minimises the risk of the spread of infection with the relevant training completed and personal protective equipment worn by care staff in accordance with policy and procedures.	New
36	Ensure care workers receive three monthly supervision with their line manager	New
15	Ensure personal plans set out clearly how individuals will be supported to achieve their personal outcomes, including steps which will be taken to mitigate any identified risks	Not Achieved



### **Was this report helpful?**

We want to hear your views and experiences of reading our inspection reports. This will help us understand whether our reports provide clear and valuable information to you.

To share your views on our reports please visit the following link to complete a short survey:

- [Inspection report survey](#)

If you wish to provide general feedback about a service, please visit our [Feedback surveys page](#).

**Date Published** 22/03/2024