

Limitless Send Ltd

Limitless Community Hub

Inspection report

Unit 6
Cannon Corner, 1 Cannon Street
Accrington
BB5 2ER

Tel: 08006891802
Website: www.limitlesscaregroup.co.uk

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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?

Good ●

Summary of findings

Overall summary

About the service

Limitless Community Hub is a care agency which provides personal care and support to children aged four to 17, younger adults, people with a learning disability and autistic people, both at home and in the community. The service also provides short term residential respite support in a house which can accommodate up to two people. At the time of the inspection 18 people were receiving support with personal care and one person was staying at the respite accommodation. Eleven people were accessing the respite accommodation regularly.

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

Relatives told us staff provided people with safe care and managed any risks to their health or wellbeing effectively. Staff knew how to protect people from the risk of abuse and avoidable harm. The registered manager recruited staff safely. Most people were happy with the service's staffing arrangements, but some told us they had experienced missed or late visits. The registered manager told us this was due to staff sickness and difficulties recruiting additional staff. We have made a recommendation about maintaining sufficient staffing levels. People's medicines were managed safely, with some minor improvements needed to ensure compliance with national guidance. Staff followed safe infection prevention and control practices and adhered to Government guidance relating to COVID-19. The safety of the home environment was checked regularly.

Staff provided people with support which reflected their needs and risks. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff received the induction and training they needed to support people well. Staff were aware of people's dietary and healthcare needs and risks and provided appropriate support. The respite accommodation environment was suitable for people's needs and risks.

Relatives told us people liked the staff who supported them. Relatives found staff kind, caring and respectful and were happy with how they supported their family members. Staff respected people's privacy and dignity. They encouraged people to be independent and make decisions about their care when they were able to. People's right to confidentiality was respected.

Staff treated people as individuals and supported them in a way which reflected their needs and preferences. Staff knew people they cared for well, including their likes, dislikes and what was important to them. They encouraged people to make decisions about their support when they could. People were supported to follow their interests, try new things and develop new skills. Staff reviewed people's care needs

regularly. Concerns and complaints were managed appropriately.

The registered manager and staff were clear about their responsibilities. They prioritised providing people with personalised, good quality care which met their needs. Relatives' views about the service were sought and listened to. Staff told us management were approachable and supportive. The registered manager and senior staff completed regular checks to ensure appropriate standards of quality and safety were being maintained at the service. They worked in partnership with community professionals to ensure people received the support they needed.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support: The support provided by staff focused on ensuring people had choice, control and were encouraged to be as independent as possible.

Right care: People were treated as individuals and the support provided by staff promoted their privacy, dignity and human rights.

Right culture: The registered manager, care co-ordinators and support staff, all displayed values which prioritised supporting people to live confident, inclusive and empowered lives.

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

Rating at last inspection and update

This service was registered with us on 1 June 2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on the service's date of registration.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking that the provider was meeting COVID-19 vaccination requirements.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Limitless Community Hub

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 Care Act 2014.

As part of this inspection we looked at the infection prevention and control 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

The inspection was carried out by an inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and while out in the community, for example while at a day centre or out shopping.

The residential respite service is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. The registered manager was also the nominated individual for the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service a short period of notice to ensure that the registered manager would be available to support the inspection and to arrange a visit to the respite accommodation at a time when someone would be staying there.

What we did before the inspection

We reviewed information we had received about the service since their registration. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we ask providers to send to us to give us key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with the registered manager, human resources manager and two care co-ordinators at the office. We reviewed a range of records, including two people's care records and a selection of medicines records. We looked at two staff recruitment files and staff supervision records. We visited the respite accommodation. We looked around to check that the environment was safe and suitable for people's needs and observed two support workers supporting a person.

After the inspection

We spoke with ten relatives on the telephone to gain their views about the service. It was not possible to gain feedback from anyone supported by the service due to their complex needs. We also contacted three community health and social care professionals for their feedback and received email feedback from two of the service's support workers. We reviewed a variety of records related to the management of the service, including policies and audits.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Four relatives told us they had experienced some missed or late visits and communication around this had sometimes been poor. The registered manager told us that some visits had been missed or delayed due to staff sickness, often at short notice. We saw evidence that he was doing all he could to improve recruitment, including increasing their hourly rate, advertising more widely and recruiting separately for the respite service and the personal care roles. He assured us that communication would improve and a dedicated member of staff would always be available to update relatives and take urgent telephone calls.

We recommend the provider continues to explore ways to improve staff recruitment and ensures relatives are updated as soon as possible about any staffing difficulties.

- Relatives of people who accessed the respite accommodation and five of the nine relatives of people who received support with personal care, were happy with staffing arrangements.
- The provider recruited staff safely, to ensure they were suitable to support people living at the home.

Using medicines safely

- People's medicines were managed safely. Some minor amendments to the medicines policy were needed to ensure it reflected National Institute for Health and Care Excellence (NICE) guidance.
- People's relatives told us they were happy with how staff managed their family members' medicines.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems to protect people from abuse and avoidable harm. Staff had completed safeguarding training and knew what to do if they witnessed or suspected abuse.
- Relatives felt people received safe care. They told us, "[Person] is always safe when they're being supported by the staff. The staff know them well."

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were managed safely and effectively. Risk assessments were detailed and guided staff on how to support people safely. They were updated regularly.
- The provider had systems to manage accidents and incidents effectively. Staff took appropriate action when accidents or incidents occurred to ensure people were safe.
- Checks of the respite accommodation environment were completed regularly, including equipment and fire safety, to ensure it was safe and complied with the necessary standards.

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 meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks could be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people staying in the respite accommodation in accordance with the current guidance.

Learning lessons when things go wrong

- The provider had systems to analyse incidents, complaints and concerns. Improvements were made when necessary and any lessons learned were shared with staff.

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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were provided with care and support which reflected their assessed risks and needs. People's care plans and risk assessments were personalised and detailed. They included information about what people were able to do for themselves, including the choices they were able to make.
- One relative told us, "We have care plan reviews regularly. Staff are involved and attend the meetings with social services. Staff know [person] well." One community professional who provided feedback told us staff had a good understanding of people's needs.
- The provider had policies and procedures for staff to follow, which reflected CQC regulations and relevant guidance, including Government guidance about the management of COVID-19. These were reviewed and updated regularly.

Staff support: induction, training, skills and experience

- The provider ensured staff received the induction and training necessary to meet people's needs and support them well. Staff received regular supervision and were happy with the support they received. They felt well supported by management.
- Relatives felt staff had the knowledge and skills to support people well. They commented, "The manager always makes sure staff are qualified and experienced", "There's a good mix of staff which works well for [person]" and "The carers are brilliant."

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

- The provider ensured staff supported people to eat and drink enough. Care plans included information about people's dietary needs, risks and preferences to guide staff.
- Relatives were happy with the support people received with eating and drinking. One relative commented, "Staff take [person] to the supermarket to pick food and then take them back to the house and cook it with them. They really make an effort with them."

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

- Care plans included information to guide staff about people's healthcare needs, including their medical history, medicines and any allergies.
- Management and staff worked with a variety of health and social care professionals to ensure people received the support they needed, including social workers, local authority commissioners, community nurses and speech and language therapists.

Adapting service, design, decoration to meet people's needs

- The respite accommodation was suitable to meet people's needs and enable them to be as independent as possible.
- People were able to bring their belongings with them to make their stay more comfortable and make them feel at home.

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 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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- The service was working within the principles of the MCA. Care plans included information about people's capacity to make decisions about their care. When people lacked capacity, staff consulted their relatives or representatives in line with the MCA.
- Where people were able to make decisions about their care, staff sought their views and consent before supporting them.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well cared for and liked the staff at the service. Relatives told us, "The staff are really nice. [Person] happily goes with them and is comfortable around the staff" and "[Person] will do things with staff they won't do with us. It shows [person] trusts them and is happy with them."
- During the inspection we observed staff supporting one person. The staff were kind, friendly and light-hearted, while ensuring the person was kept safe.
- Staff respected people's diversity and treated them as individuals. Care documentation included information about people's religion, gender and ethnicity but not their sexual orientation. The registered manager told us he would ensure this information was captured in future so that staff were fully aware of people's identity and what was important to them.

Supporting people to express their views and be involved in making decisions about their care

- Staff encouraged people to express their views and make choices when they could. People's care plans included information to guide staff about the decisions they could make and any support they needed with decision making.
- People were involved in decisions about their care, such as what activities they took part in, where they went on trips out, what they had to eat and what they wore. Relatives told us people's care needs had been discussed with them and they were kept up to date about any changes in their family members' needs or risks. One relative commented, "Staff always give me feedback when they get back from a trip out."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's right to privacy and dignity and encouraged them to be independent. Relatives told us, "Staff show people dignity and respect and push them to do things they can" and "The staff have supported [person] to make so much progress."
- Staff respected people's right to confidentiality. People's care records were stored securely, and only accessible to authorised staff. Staff members' personal information was also stored securely and only accessible to appropriate staff. The provider had policies about confidentiality and data protection for staff to refer to and this was also addressed during their induction.

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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

- Staff provided people with individualised care, which reflected their needs and preferences. They knew people they supported. Relatives told us, "Staff know [person] well. The staff consistency has been good" and "[Person] enjoys going [to the respite house]. Staff encourage her to make choices and they know her likes, dislike and interests."
- People's care plans were detailed and individualised. They included information to guide staff about people's needs, risks, abilities and preferences. They were updated regularly or when people's needs changed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service had an AIS policy and was following the requirements of the AIS. People's care plans included detailed information about how they communicated, any support they needed with communication and how staff should provide it.
- Staff were aware of people's communication needs. We observed them communicating effectively with a person, repeating or explaining information when necessary.

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

- People were supported to maintain relationships and avoid social isolation. Staff supported people to follow their interests, try new things and develop new skills
- Care plans included information to guide staff about people's hobbies, interests and any support they needed to take part in activities.

Improving care quality in response to complaints or concerns

- The provider had processes to respond to people's complaints or concerns. A complaints policy and information about how to make a complaint was available.
- Some of the relatives we spoke with had raised concerns about staffing. Records showed that complaints were managed appropriately, improvements were made where possible and lessons learned were shared with staff.

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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had an open culture, with people, relatives and staff encouraged to share their views. Staff provided individualised support which focused on achieving good outcomes for people. Management and staff treated people as individuals and included people and their relatives in decisions about their care.
- Eight of the ten relatives we spoke with told us they would recommend the service, including some who had experienced missed or late visits. Relatives were happy with how staff supported people. One relative commented, "I can't fault the staff." Relatives felt able to contact the registered manager with any concerns.
- Staff understood the registered manager's aim to provide people with personalised, high-quality care. One staff member commented, "Staff always aim to provide best practice and are given training regularly to ensure we are doing everything to the best of our ability."

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 provider understood their duty of candour responsibilities. No incidents had occurred that we were aware of, which required duty of candour action.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager, who was also the nominated individual, understood their role and regulatory responsibilities. They were responsible for the day to management of the service, with support from the human resources manager and two care co-ordinators. Audits of quality and safety were completed regularly, including checks of medicines, infection control and the respite accommodation environment. The audits completed were effective in ensuring that appropriate standards of quality and safety were being maintained at the service.
- Staff understood their roles and responsibilities, which were made clear during their induction, training, supervision and staff meetings. One staff member commented, "Our roles and responsibilities are clearly highlighted in our contracts so we all know what is expected of us."
- The manager had submitted statutory notifications to CQC about people using the service, in line with current regulations. A statutory notification is information about important events which the service is required to send us by law.

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

- The provider had various processes to gain feedback from relatives about the support provided by the service, including questionnaires and review meetings. Feedback seen from satisfaction questionnaires was mainly positive. Positive comments included, 'Great service', 'Very caring staff', 'Great knowledge', 'My child always comes home happy and enjoys support' and 'Staff always on time'. Negative comments included, 'Communication struggle at times' and 'staff can be inconsistent'. The registered manager told us these comments related to their ongoing issues with staff recruitment, which they continued to address.
- Staff meetings took place regularly and staff told us they felt involved in the service. They told us management were supportive. One staff member told us, "Our management team are helpful when we have a problem. They will always try to help where they can, and they are very approachable."

Continuous learning and improving care

- The registered manager ensured that any lessons learned from complaints or concerns were shared with staff. Where audits identified the need for improvements, action was taken to address these in a timely way.
- The registered manager told us they were working hard to recruit additional staff, so that they could provide the level of consistent support that people needed.

Working in partnership with others

- The service worked in partnership with people's relatives and a variety of community professionals to ensure people received the support they needed, including social workers, local authority commissioners and community nurses. We saw evidence of management attending regular review meetings with other professionals, particularly in relation to children in need or at risk. Community professionals were complimentary about staff, but two felt communication from the service was not always consistent. We shared this with the registered manager who assured us he would address it.