

LMT Realty Ltd

LMT Support Care

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

This announced inspection took place on 1 and 5 February 2018. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to adults. During our inspection, one person was using the service.

During our last inspection on 30 March and 19 May 2016, we found that there were no systems in place to monitor the quality of the service and ensure records were complete and up to date. Following our last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question 'well led' to at least good. During this inspection, we found that the provider had followed their action plan. For example, they had ensured that the necessary recruitment checks had been carried out on staff, that staff were provided with training and supervision.

The service had a registered manager at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported to take their medicines. However, improvements were required to ensure that staff had up to date training in medicines and that accurate records of medicines administration were kept. Risks to people's health and safety were identified and assessed although further information was needed to ensure that information was specific to the person. People were supported by sufficient amounts of staff who had been recruited safely. Staff knew how to recognise abuse and were confident to act to keep people safe from harm.

People were provided with the support they required to eat and drink enough. Staff received training and training had been arranged when gaps in staff knowledge were identified. People were supported with their health care needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People were supported by staff who were kind and caring. Staff respected people's preferences and wishes about how their support was delivered. People were supported to maintain their privacy and dignity. The

provider was aware of support available to people to help them express their views and wishes and told us this would be considered if a person needed this support.

People's needs were assessed before they started using the service and people and their relatives were involved in producing and reviewing care plans. People were offered opportunities to take part in social activities and maintain their interests and independence. People were given opportunities to make a complaint or raise concerns about the service they received.

Systems were in place to monitor and improve the quality of the service. People and staff were complimentary of the management of the service. The provider sought and acted upon people's feedback in relation to the service they received and staff told us they were supported in their role.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

People were supported to take their medicines. However, improvements were required to ensure that staff had recent training in medicines and that accurate records of medicines administration were kept.

Risks to people's health and safety were identified and assessed although further information was needed to ensure that information was specific to the person.

People were supported by sufficient amounts of staff who had been recruited safely.

Staff knew how to recognise abuse and were confident to act to keep people safe from harm.

Is the service effective?

Good 

The service was effective.

People were supported by staff who received training and training had been arranged when gaps in staff knowledge were identified.

People were provided with the support they required to eat and drink enough.

People were supported with their health care needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

Is the service caring?

Good 

The service was caring.

People were supported by staff who were kind and caring.

Staff respected people's preferences and wishes about how their support was delivered.

People were supported to maintain their privacy and dignity.

The provider was aware of support available to people to help them express their views and wishes and told us this would be considered if a person needed this support.

Is the service responsive?

Good ●

The service was responsive

People's needs were assessed before they started using the service and people and their relatives were involved in producing and reviewing care plans.

People were offered opportunities to take part in social activities and maintain their interests and independence.

People were given opportunities to make a complaint or raise concerns about the service they received.

Is the service well-led?

Good ●

The service was well led.

Systems were in place to monitor and improve the quality of the service.

People and staff were complimentary of the management of the service.

The provider sought and acted upon people's feedback in relation to the service they received and staff told us they were supported in their role.

LMT Support Care

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 was planned to check 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.

This inspection site visit took place on 1 and 5 February 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that the registered manager would be available to assist us with the inspection. We visited the office location on 1 February 2018 and 5 February 2018 to see the registered manager; and to review care records and policies and procedures. We made telephone calls on 1 and 5 February 2018 to the person who used the service, a relative, care workers and external health and social care professionals. The inspection team consisted of one inspector.

On this occasion we did not ask the provider to send us a Provider Information Return (PIR). This is a form that asks the provider information about the service, what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt relevant with us. The inspection was also informed by other information we had received from and about the service. This included previous inspection reports.

During the inspection, we spoke with one person who used the service and their relative over the telephone. We also spoke with the registered manager, two care workers and two external health professionals.

We looked at all of the care records of the person who used the service, their medicines administration records, staff training records and the recruitment records of three members of staff.



Our findings

People were supported with their medicines if required. The person who used the service at the time of our inspection told us they were provided with the support they required to take their medicines. The staff we spoke with were knowledgeable about the medicines the person took, how they provided support and what action they would take if they made a medicines error.

However, good practice guidance for the management of medicines for adults receiving social care in the community was not consistently followed. We found that the support the person required to take their medicines was not clearly recorded in their care plan. In addition, when staff support people with any medicine an accurate record must be kept. The service used a medicine administration record (MAR) to record the support given to the person for each medicine on each occasion it was required. However, this had not always been completed to show whether medicines had been taken or refused. In addition, the person's MAR did not record the person's allergies.

Records did not evidence that all staff had received recent training in the administration of medicines. In addition, although all staff had their competency to administer medicines assessed, these competency assessments had not identified that staff were not always following the services own medicines policy and completing the MAR. The registered manager told us that training in medicines for some staff had expired and additional training was in the process of being arranged with an external agency. They told us they would ensure that competency assessments identified whether staff were completing MAR sheets in future. In addition, they told us they would liaise with the pharmacy to ensure that the person's allergy was recorded on their MAR.

Risks to people's health and safety were identified through initial assessment when they started to receive a service. The person who used the service at the time of our inspection told us staff used equipment safely when providing support. The staff we spoke with told us they felt confident to use equipment the person required. They were also knowledgeable about the risks to the person from their health conditions and what actions they should take to minimise the risk.

Records showed that an environmental risk assessment had been carried out at the person's home. This included information such what action to take in the event of a fire, consideration of trip hazards and location of utility mains. Risk assessments were also in place in relation to risks which may arise as a result of the person's health conditions or support needs. These required more personalised information about how risks should be monitored and responded to by staff. The person who used the service at the time of

our inspection made their own decisions in relation to the risks they took. Whilst this was clear from taking to the person, their relative and staff, this was not always clearly recorded.

Care records contained some information about what support the person required in relation to their emotional well-being, however this was limited. The staff we spoke with told us they felt confident in providing care and support in a way which recognised and responded to the person's well-being. However, both the person and their relative felt that improvements could be made in the way in which staff provided support which promoted emotional well-being and responded to periods of low mood or distress. We discussed this with the registered manager who told us they were aware that improvements were required and that further training was being provided for some staff.

The person who used the service and their relative told us that they felt safe when staff were in their home. The person told us they, "Definitely" felt safe and said they felt comfortable to discuss any concerns about their safety with staff.

People were supported by staff who understood how to protect people from avoidable harm and how to keep them safe. The staff told us they had received training in safeguarding adults from abuse. They were able to describe some of the different types of abuse, the signs and symptoms of abuse and confirmed they would report any allegation or suspicion of abuse to the registered manager. Staff were confident that the registered manager would take appropriate action in response to allegations of abuse, they were also aware of the role of external agencies in investigating abuse. Staff felt confident to contact external agencies if required to ensure people were safe.

The registered manager was aware of their responsibility to refer to the local authority safeguarding team and to follow any recommendations made by the safeguarding team. They told us about a safeguarding incident. We spoke with an external health and social care professional who told us the service had acted appropriately in relation to the incident.

A safeguarding policy was in place. This policy supported staff in ensuring people were protected from abuse, neglect and harassment. Training records showed that staff had completed training in safeguarding adults.

There were sufficient numbers of staff. Both the person who used the service and their relative told us support was provided at the time it was needed. The person told us they were supported by a consistent staff team and that any new staff members were introduced to them before providing care. The registered manager told us they were in the process of recruiting additional staff to ensure they could continue to meet the person's needs and to provide them more flexibility to cover annual leave or sickness.

People could be assured recruitment checks were carried out to ensure that staff were suitable to work with them. The registered manager and staff told us criminal record checks were carried out through the Disclosure and Barring Service (DBS) prior to staff commencing employment and that two references were sought. Records showed that these checks had been carried out.

Staff had completed infection control training, and training to ensure food was prepared hygienically and safely. Staff told us about how they sought to minimise the risk of the spread of infection within people's homes by using gloves and aprons and washing their hands. The person who used the service told us staff used gloves and aprons and knew how to support them to keep clean and free from infection.

The staff we spoke with felt confident to report any accidents or incidents to the registered manager. The

registered manager told us that a process was in place to ensure that any accidents or incidents were reported to them. They told us that staff were aware of the immediate action they needed to take in the event of an accident or incident to ensure the person's safety and they would analyse information provided to ensure the person was safe.



Our findings

The person using the service at the time of our inspection told us they were confident that new staff were supported by the service to receive basic training on the care and support they required. They told us, "Training wise; if a new carer comes along they get basic training, then the manager checks how comfortable I feel."

The staff told us they received an induction which provided them with sufficient information to carry out their role. One staff member told us, "I had two days of induction when I read through policies and procedures." Another member of staff told us, "I had an induction. I was taken to the house and shown what to do. When I started [registered manager] worked with me, showing me things." Records showed that staff had completed an induction when they commenced working at the service.

The registered manager provided us with training records. These showed that staff had completed recent online training in areas such as infection control, safeguarding adults, moving and handling, food hygiene and fire training. They told us additional training would be arranged in medicines management and staff confirmed they had received information and training from external health professionals in relation to the person's individual health needs.

Staff told us they felt supported in their role by the registered manager who carried out spot checks and supervisions. Records we viewed confirmed this to be the case.

The registered manager was aware of current professional guidance from bodies such as the National Institute for Health and Care Excellence. They acknowledged that more detailed information in risk assessments and care plans would help ensure care was provided in line with current best practice guidelines and legislation. The registered manager told us consideration was given to people's individual needs during assessment, including any religious or cultural considerations to ensure that people were protected from discrimination.

People were supported to maintain their nutrition and hydration. The person receiving support told us they were supported to prepare meals and eat and drink safely. Care records contained information for staff about the support to person required to eat and drink safely and the staff we spoke with were knowledgeable about the support the person required. Care records stated that the person decided what they wished to eat and drink and the person told us that their preferences were respected by staff.

People were supported with their healthcare needs. The person using the service told us they were "definitely" supported to maintain their health by staff and described how staff supported them to monitor a health condition. They told us that they made contact themselves with health professionals when they needed to but that staff would support them with this if required. The person's relative told us, "They (staff) know about [relative's] physical conditions. They know what [relative] needs and it is in the care plan."

Information about the support the person required in relation to their health conditions was included in their care plan. Staff were knowledgeable and spoke confidently about the support the person needed to monitor and maintain their health. One external professional told us, "They (staff) address health problems and will support (the person) in hospital if needed."

People were supported to make their own decisions about their care. The person we spoke with told us that staff asked their consent before providing care and support and respected their decision and choices.

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.

The person using the service at the time of our inspection had capacity to make their own decisions. The registered manager told us that if the person lacked capacity to make their own decisions they would act in the person's best interests and involve family members or professionals as required. The registered manager told us they were in the process of arranging MCA training.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The person receiving support from the service at the time of our inspection was not deprived of their liberty.



Our findings

People were supported by staff who were kind and caring. The person who was receiving support at the time of our inspection told us that staff knew their preferences and treated them with respect. Their relative told us that staff were kind and caring towards their relation.

The person we spoke with told us that staff will sit and talk with them during the day and that this had a positive effect on their wellbeing. They told us, "Recently, they (staff) sit and chat more. I enjoy it, I enjoy my day more." The staff told us they were introduced to people before providing support and were given information which would help them support the person in the way they preferred. They told us they had time to spend with the person and that the person told them how they wished to be supported and they respected their wishes. The person told us that if staff did not support them in the way they preferred they raised this with the registered manager who would ensure that more training or supervision would be provided to address this.

People were able to make their own decisions about their care. The person we spoke with told us they were involved in planning and reviewing their own care. They told us that their care plan was due a review and that the registered manager would sit with them and go through it. The person told us, "I make my own decisions." Both of the staff we spoke with confirmed this and records showed that the person had provided consent for the care they received.

There were not currently any people who were either unable to make their own decisions or did not have a relative to speak on their behalf. However, the registered manager told us if they identified people who did not have support available to help them to make important decisions, they would consider whether the person required the support of an independent person to speak on their behalf or represent their best interests. These people are called advocates. The provider had not yet provided people with information about how they could contact an advocate independently of staff support if they wished to. The registered manager told us they would address this and make this information available for people.

The registered manager told us that they aimed to match staff appropriately with the person they were supporting. The person using the service told us they the registered manager checked whether they were comfortable with the staff who visited them and would take action if a staff member required further training or supervision. The registered manager told us they considered the cultural and religious needs of the people who used the service and records showed this to be the case. They told us that if people had specific needs this would be respected.

People were treated with dignity and respect. The person told us, "They (staff) definitely treat me with respect." They told us that staff supported them appropriately and sensitively with personal care.

Staff spoke respectfully about the person they supported and were able to describe how they ensured that they treated people with dignity and respect. The care plans we looked at contained detailed information about how the person preferred to be supported. This included the level of support people needed and wanted with their personal care. When we visited the provider we saw that people's personal care records were stored securely and people's personal information was treated confidentially.



Our findings

Before people started to use the service an assessment was carried out to ensure people could receive the support they needed. A care plan was then produced which had been signed by the person receiving support. The care plan included information about the person's preferences. For example, detailed information was included within care plans about the person's usual routines to enable staff to provide support in the way the person preferred.

The person we spoke with told us that staff, "know what I need and when I need it." The staff we spoke with told us they found care plans useful and that these were updated when the person's needs changed. One staff member told us, "The care plan gives you the information you need, it contain lots of information about how to provide care."

People's care plans contained information about their life history and any cultural or religious needs they had. The registered manager was knowledgeable about the person's cultural background, the music they preferred and whether they expressed any spiritual or religious needs. We were provided with a copy of a 'Service user handbook', which the registered manager told us was provided to all people who used the service. The handbook stated, "You are an equal and unique human being and will be offered help and services according to your own unique needs, irrespective of race, gender, sexuality, culture or state of health."

People's care plans contained information about the support they required to maintain their hobbies or interests. The person we spoke with told us that staff spent time chatting with them and supported them to access the community as much as they were able. They told us that a few factors were preventing them from accessing the community at present but that if they wanted support staff would provide support. The staff we spoke with were aware of the person's interests and activities they liked to engage in. They were aware of circumstances that affected the person's ability to access the community at the time of our inspection and the action that was being taken to address these.

Staff told us how they supported people in a way to promote their independence and rights as much as possible. Staff explained how they ensured that people had the information they needed to make decisions. A visiting health and social care professional told us that staff always responded appropriately when they rang the person, ensuring the person wanted to speak with them, and making sure the person had the information they needed.

The registered manager had a limited knowledge of the Accessible Information Standard. The Standard ensures that provisions are made for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way that they can understand. However, the person being supported at the time of our inspection did not require provisions to be put in place. The registered manager told us they would continue to expand their knowledge of this standard to ensure people's communication and information needs were met and they were appropriately supported to access information.

The person we spoke with told us they felt comfortable raising any concerns or complaints they had about the support they received with the registered manager. They told us they had previously raised a concern with the registered manager who had responded appropriately.

The service had a complaints policy that included details of the action that would be taken in response to a complaint, including contact details of other organisations if the complainant was not happy with the response of the registered manager. The registered manager told us they had not received a formal written complaint and that people were provided with information about the process of making a formal complaint in a user guide. Whilst reference was made to the complaints in the service user guide, the process of making a formal complaint was not clearly outlined. However, both the person and their relative told us they felt comfortable approaching the registered manager with any concerns. The registered manager told us of concerns which had been raised with them and the action they had taken to resolve these.

Due to the type of service provided end of life care was not provided. However, the registered manager told us if the service was supporting someone at the end of their life, their wishes about how they would like to be supported would be included in their care plan.



Our findings

During our last inspection on 30 March and 19 May 2016 we found that there were no systems in place to monitor the quality of the service and ensure records were complete and up to date. This meant that the provider had not identified where improvements were needed in the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following our inspection the provider sent us an action plan. During this inspection we found that the provider had followed their action plan. For example, they had ensured that the necessary recruitment checks had been carried out on staff, that staff were provided with training and supervision.

The registered manager told us they held staff meetings and individual supervision with staff, in addition to carrying out spot checks to monitor their performance. Records showed this to be the case. The person using the service at the time of our inspection had a care plan which reflected their needs and the support they required. The registered manager acknowledged that more robust checks were needed to ensure that medicine administration records (MAR's) were completed as required. They told us they would carry out checks on MAR's and that further medicines training had been arranged for staff.

The person using the service at the time of our inspection told us they were happy with the support they received. They told us that the registered manager regularly sought their feedback and "knows I really like it (the support they received)." They confirmed that they were always able to contact someone if they needed to. They told us "[Registered manager] is always there." The person's relative told us that in the weeks preceding our inspection the registered manager had been less responsive to phone calls. The registered manager told us that at the time of the inspection they were always on call and recognised they would benefit from the support of another person to share this responsibility. They told us they were in the process of recruiting a member of staff to provide this support.

There was a registered manager in post who was aware of their responsibilities, such as making a safeguarding referral when required and notifying us of events which occurred in the service. They told us of a safeguarding incident which had been investigated by the local authority safeguarding team. We had not received a notification from the service about this incident. The registered manager told us they had not notified us of the incident as they were aware that the local authority had. Whilst this was the case, the registered manager agreed to send us notifications of safeguarding incidents in the future.

Staff told us they felt supported by the registered manager to understand their role and responsibilities. One staff member told us, "[Registered manager] is very friendly and understanding. If I need her, if I've got a

problem, she responds." Another member of staff told us they believed that the service was well led. They told us, "If I am not happy I can talk to [registered] manager." They gave us an example of an issue they had raised which had been addressed by the registered manager. They told us that because of the action taken by the registered manager things had improved.

The registered manager told us they kept up to date with best practice by meeting with other local providers. The external professionals we spoke with told us that communication with the service was good and that the service worked flexibly to meet the person's needs.