

Lime Healthcare Support 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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Lime Health Care Limited is a domiciliary care service providing personal care to people with a learning disability, autism, younger adults who may have sensory impairment, physical disability and older people who may be living with dementia. At the time of our inspection there were 2 people using the service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

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 but required some improvements. People received the support they needed to keep them safe from risk of harm and meet their needs. People were supported by staff who were recruited safely and always available to offer people the support when they needed it. People had support to manage their health needs. People were supported to take their medicines safely.

Right Care:

People received support in a way which promoted independence and dignity. People's rights were respected, and people received person-centred support. Staff were kind and caring in how they described supporting people. Staff showed an understanding of how individuals preferred to be supported including how people were communicated with and the things people liked to do.

Right Culture:

Systems in place did not always ensure documentation was completed as required. The provider was not consistently clear about when they needed to notify CQC when incidents had occurred. The provider promoted a positive culture, staff felt supported and there was evidence of regular communication with people and their relatives. Complaints were managed and responded to effectively. When things went wrong the provider ensured lessons were learned and improvements were made. The provider acted on CQC feedback and made changes to the service following our inspection.

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

Rating at last inspection

This service was registered with us on 9 November 2018 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

Lime Healthcare Support Limited

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 1 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 10 February 2023 and ended on 17 February 2023. We visited the location's

office on 15 February 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 1 relative about their experience of the care provided to people. We spoke with 6 staff including the registered manager. We looked at 2 people's care records and 2 medicine records. We looked at 3 staff files regarding recruitment and induction practices. We also looked at quality monitoring records relating to the management of the service, training records, medication audits and meeting notes.

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.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who understood how to recognise abuse. Where incidents had occurred, we found these had been reported to the appropriate authority for investigation.
- The registered manager had systems in place to ensure any incidents were reviewed and reported to the relevant body to safeguard people.
- Relatives told us people were safe using service.

Assessing risk, safety monitoring and management

- People had risks to their safety assessed and plans put in place to manage these. For example, one person had risks associated with their nutrition and hydration, this had been assessed and detailed guidance was in place for staff to manage those risks.
- Where things changed people had their risk assessments and management plans updated. For example, where environmental risks had changed, we found the risk assessments and plans had been updated to ensure the person remained safe.
- Staff understood how to support people to manage risks to their safety. Staff described how people's risk assessments and management plans helped them to keep people safe, for example what actions to take when people became distressed.

Staffing and recruitment

- People were supported by enough safely recruited staff. Relatives told us there were always the right number of staff available to support people.
- The registered manager had a rota system in place which told staff where they needed to be and when. Staff checked into an electronic system on arrival at people's homes. We saw people were told which staff were coming to support them in advance so they would know who was coming to their home.
- Staff were recruited safely. The provider carried out checks on the past employment of new staff and checks through the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People were supported to take their medicines as prescribed. Relatives told us people were supported by staff to take their prescribed medicines in the right way.
- Risks related to taking medicines had been assessed and there was guidance in place for staff to ensure people had their medicines correctly. This included ensuring medicines prescribed on an as required basis

had clear guidance on when these should be used.

- Medicine administration records were in place to document when people had taken their medicines, and these were accurately completed.

Preventing and controlling infection

- The provider was using Personal Protective Equipment (PPE) effectively and safely. Staff were trained in how to use PPE and we found the registered manager had checks in place to ensure they followed the correct procedures.
- The provider had systems in place to ensure staff were up to date on how to respond effectively to risks and signs of infection.
- The provider had an up to date infection prevention and control policy which was in line with current guidance and understood by staff.

Learning lessons when things go wrong

- The provider had systems in place to learn when things went wrong. For example, all incidents and accidents were reviewed to look for any changes required to peoples care plans and trends of incidents occurring.
- Where changes had been identified we found these had been updated in care records and staff had been fully informed. For example, where an incident occurred the persons environmental risk assessment was updated and new guidance in place to prevent this from happening again.

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 for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Improvements were needed to the recording of MCA assessments and best interest discussions. It was not always clear which decisions the forms related to. We spoke with the registered manager about this and they confirmed they would review the paperwork and ensure this was more clearly documented.
- Staff understood how to seek consent from people and could describe how they supported people to make choices and decisions about their care whenever they were able. They understood when decisions needed to be taken in people's best interests.
- Where people had been deprived of their liberty the appropriate authorisations were in place and understood by staff.

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

- People had their needs assessed and plans put in place to meet them. Staff were aware of peoples assessed needs and could describe how the care plans guided them to support people.
- The provider was introducing electronic assessment, care planning and record keeping. There were inconsistencies in how this was operating and some of the daily care recording lacked detail. The registered manager was aware of this and had plans in place to address this with staff through supervision and training.

Staff support: induction, training, skills and experience

- People were supported by suitably trained staff. Relatives told us staff had the right skills to support people.
- Staff told us they received an induction into their role and had training to ensure they had the skills to support people. One staff member told us, "I had an induction when I first started, the online training is good, I also did shadow shifts, medication training made me feel confident and this is all refreshed regularly."
- Records showed staff had updates to their training when needed and regular opportunities to discuss their role through supervision, appraisal and meetings.

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

- People had their nutrition and hydration needs met. Relatives told us staff supported people to maintain a healthy diet. One relative told us, "The staff have to provide meals as [person's name] cannot do this for themselves."
- People were supported to plan their meals, shop for food and prepare food and drinks. Staff told us people were fully involved in choices about their meals and were supported to be involved in preparing meals and drinks.
- People's records showed their food and fluid intake was monitored by the provider and any concerns were escalated to an appropriate professional.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked closely with other agencies. We saw staff were actively involved in multidisciplinary meetings to plan and monitor people's care.
- There were handover processes in place for staff when they went to support people which showed what had happened for the person during the day.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain and improve their health and wellbeing.
- People's health needs had been considered in their assessments and care plans. Guidance was in place for staff on how to support people with maintaining their health and helping people to manage their individual health conditions.
- Other health professionals were involved in people's care. One relative told us, "The staff will help [person's name] if they feel unwell to seek support."

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 for 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 received support from the same staff team. Staff told us this enabled them to get to know people well and build a relationship.
- Staff understood people's individual needs and preferences and worked within the principles of the Equality Act. This meant people were supported to meet their needs in relation to age, race, disability, sexuality and religion.
- People were supported by a staff team who were kind and caring. One relative told us, "The staff are kind and caring, [person's name] has a positive life."

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

- People were involved in decisions about their care. Staff talked with people to ensure the support delivered was in line with their wishes. For example, meals and activities were discussed daily to enable people to make choices.
- The management team had regular contact with people both over the phone and in person to check on how the care was provided and ensure the person was happy.
- People and their relatives were involved in initial assessments and care plan development. This included information about people's likes and dislikes and what they could do for themselves.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who treated them with dignity and respect. Staff were respectful in how they spoke about people and described how they promoted people's dignity. The registered manager confirmed this was continually checked during spot checks at people's homes.
- Staff told us they used this information to deliver people's care promoting independence. One staff member described how they supported one person to be involved in making drinks and meals.
- Staff spoke about how they maintained people's privacy. One staff member described how people's privacy was maintained when the person was being monitored at night.

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 for 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

- People had personalised care plans in place which shared information about the person with staff. This included information about what was important to people, what made them happy and things they did not like or made them unhappy. Staff could give examples of how they used this information to support people.
- People had regular reviews of their care plans to ensure they were effective. We saw reviews took place every three months or sooner if a person's needs changed. We also found other professionals were involved in developing and reviewing the care plans.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had their communication needs assessed and plans put in place to meet them. Care plans included guidance for staff on how to communicate with people, staff could describe how they used this information when working with people.
- The registered manager understood their responsibilities under the accessible information standard.

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 which were important to them. One relative told us staff supported a person to contact them when their own phone was out of order.
- People had a daily activity planner in place which they discussed with staff and decided what they wanted to do each day. We saw staff followed the plan and recorded how the person had spent their day.
- People were supported to do things they enjoyed. People went out with staff to various locations including a pub, shopping and the cinema. Staff understood people's interests including types of films they enjoyed watching and their preferences for music.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. We saw where a complaint had been made, it was investigated and actions were taken to prevent this from happening again.
- A relative told us they had previously made a complaint, and this had been addressed promptly by the management team.

End of life care and support

- The service was not supporting people with end of life care at the time of our inspection.
- Staff understood what end of life care was and the registered manager told us they were confident should the need arise they could put suitable care plans in place to meet people's needs.

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 for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager was not consistently clear on what should be submitted as a CQC statutory notification. We found some incidents which had occurred which had not been notified. The registered manager retrospectively notified us of these incidents following the inspection.
- The providers audit systems were not consistently effective at identifying improvements. The care plan audits had not identified the improvements needed for MCA assessment and best interest decision recording issues. Whilst we were assured the principles of the MCA were followed the recording of decision making was conflicting.
- Systems in place to check daily records had not identified concerns with the lack of detail in those records transferred to the electronic system.
- Relatives told us they were able to contact the management team; however, they did not always feel the management team communicated effectively. For example, when other professionals had visited their loved one, they were not always informed.
- Other audits and checks were completed which were effective. For example, the provider completed checks on how the care was delivered using a spot check process. Staff told us this was a good way of reminding them about following policies and procedures and talking about people's care plans.
- Staff told us there was a positive and open culture in the service. Staff felt able to speak with the registered manager and others in the management team about any concerns they had and told us they felt listened to. One staff member said, "There is one of them available all the time, we can have support, and they offer advice, even in the middle of the night, there is someone to ask if we are worried."

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; Continuous learning and improving care

- The registered manager understood the duty of candour and had notified relevant people when incidents had happened.
- The registered manager had identified areas that required improvement. They had invested in an electronic care planning system and were introducing this slowly whilst learning what worked for the service.
- Learning from people's feedback had been used to make changes to the service and staff told us they were able to share their thoughts on how peoples care plans could be improved.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider sought feedback from people about the service and made changes as a result. For example, one person had completed a survey and asked for the staff rota to go to them weekly and this was put in place.
- Staff were supported in their role. Staff told us they had access to support through regular meetings and individual supervision sessions. One staff member said, "We do have team meetings either through getting together or zoom, we get to share ideas about changes to the care plan and improving how people are supported."
- The service worked in partnership with other professionals. We saw there was regular input from a range of health professionals into people's care plans and staff were involved in multidisciplinary discussions about people's care.