

Lim Independent Living & Community Care Services
Ltd







LIM Independent Living and Community Care Services Limited

Inspection report

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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	

Overall summary

This was an announced inspection that took place on 27 November 2015.

LIM Independent Living and Community Care Services Limited is a small domiciliary care provider who provides support and care to people living in their own homes. The agency is situated in the Thornton Heath area of south

Summary of findings

London. Some of the services offered include personal care support, household tasks, companionship; rehabilitation and 24 hour live in care. There were 20 people using the service and 21 staff.

There was a registered manager in post. 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 legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At the last inspection in November 2013 the agency met the regulations. At this inspection the regulations were met.

People said the service provided was what they required and met their expectations. The designated tasks were carried out to their satisfaction, they felt safe and the staff team and organisation really cared. They thought the service provided was safe, effective, caring, responsive and well led.

The service kept up to date records that covered all aspects of the care and support provided for people, the choices they had made and identified and met their needs. The information was clearly recorded, fully completed, and regularly reviewed. This enabled staff to perform their duties well.

Staff were knowledgeable about the people they supported, the way they liked to be supported and worked well as a team. They provided care and support in a professional, friendly and skilled way that was focussed on the individual and their needs. They were well trained, knowledgeable and accessible to people using the service and their relatives. Staff thought the organisation was a good one to work for and they enjoyed their work. They had access to good training and support.

People and their relatives said they were encouraged to discuss health and other needs with staff and had agreed information passed on to GPs and other community based health professionals, if required. Staff protected people from nutrition and hydration associated risks by giving advice about healthy food options and balanced diets whilst still making sure people's likes, dislikes and preferences were met.

The agency staff knew about the Mental Capacity Act and their responsibilities regarding it.

People said the manager was approachable, responsive, encouraged feedback from them and consistently monitored and assessed the quality of the service provided.

Summary of findings

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.

Good



The agency was suitably staffed, with an experienced team that was criminal records checked. There were effective safeguarding procedures that staff understood, followed and there was no current safeguarding activity.

People were supported to take medication safely, in a timely manner and records were completed and up to date. Medicine was safely administered and safely stored.

Is the service effective?

The service was effective.

Good



People's support needs were assessed and agreed with them and their relatives. Their needs were identified and matched to the skills of trained staff. They also had access to other community based health services that were regularly liaised with.

People's care plans monitored their food and fluid intake to make sure they were nourished, hydrated and balanced diets were encouraged.

The agency was aware of the Mental Capacity Act and its responsibilities regarding it.

Is the service caring?

The service was caring.

Good



People's opinions, preferences and choices were sought and acted upon and their privacy and dignity was respected and promoted by staff.

Staff provided support in a friendly, kind, professional, caring and considerate manner. They were patient, attentive and gave encouragement when supporting people.

Is the service responsive?

The service was responsive.

Good



The agency responded appropriately to people's changing needs. Their care plans identified the support they needed, records confirmed they received it and they were updated to reflect changes in needs.

People told us concerns raised with the agency were discussed and addressed as a matter of urgency.

Is the service well-led?

The service was well-led.

Good



Summary of findings

The agency had an enabling culture that was focussed on people as individuals.

The manager enabled people to make decisions and supported staff to do so by encouraging an inclusive atmosphere.

The quality assurance, feedback and recording systems covered all aspects of the service constantly monitoring standards and driving improvement.

LIM Independent Living and Community Care Services Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an announced inspection and took place on 27 November 2015. 48 hours' notice of the inspection was given because the service is a domiciliary care agency and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Before the inspection, we checked notifications made to us by the provider, safeguarding alerts raised regarding people using the service and information we held on our database about the service and provider.

The inspection was carried out by one inspector.

During the inspection, there were 20 people using the service and 21 staff. We spoke with three people using the service, five relatives, three staff and the registered manager.

When we visited the office premises we looked at four copies of care plans for people who use the service. Copies of the care plans were kept in the office as well as in people's homes. Information recorded included needs assessments, risk assessments, feedback from people using the service, relatives, staff training, supervision and appraisal systems and quality assurance. We also looked at three staff files.

Is the service safe?

Our findings

People and their relatives told us that they thought the service was safe, they felt safe when using it and there were enough staff available to meet their needs. One person told us, "I'm made to feel safe." A relative said, "This is a nice, safe service."

Staff had access to the agency policies and procedures for protecting people from abuse and harm. They also received induction and refresher training in how to recognise abuse and possible harm to people, understood what abuse was and how to raise a safeguarding alert if required. Previous safeguarding alerts were suitably reported, investigated and recorded. There was no current safeguarding activity. The staff handbook contained information about the agency's safeguarding, disciplinary and whistle-blowing policies and procedures and how to access them.

There was a staff recruitment procedure that recorded the stages of the process. The stages included advertising the post, providing a job description, person specification and short-listing of prospective staff for interview. The interview included scenario based questions to identify people's skills and knowledge of the field in which they wished to work. References were taken up, work history tracked and disclosure and barring (DBS) security checks carried before people were confirmed in post. There were enough staff

employed to meet people's needs, in an appropriate and timely way. The staff rota showed that people's needs were met flexibly and safely. During our visit a care worker phoned in to explain that they had had an accident, were in A and E and wouldn't be able to cover a visit. The manager made appropriate arrangements to ensure the call was covered by another care worker.

The agency carried out assessments of risk as part of the initial needs assessments. People using the service, relatives and staff were consulted and contributed to the assessments that were monitored, reviewed and adjusted when people's needs changed. Staff said they shared information regarding risks to people with the office and other members of the team, particularly if they had shared calls. They told us they knew the people they gave a service to well, were able to identify situations where people may be at risk and took action to minimise risks. There were also accident and incident records kept, that were reviewed to learn from any previous incidents.

Staff were trained to safely prompt people to take their medicine and this training was updated annually. Staff also had access to current guidance. The medicine records for all people using the service were checked by the agency with copies of the medicine administration records kept on file in the office. A sample we looked at showed that they were correctly completed.

Is the service effective?

Our findings

People told us they decided the type of care and support they received, when it would take place and who would provide it. People said that staff were aware of their needs and met them in a skilled, patient and effective way that they liked and needed. People and their relatives felt staff were suitably trained to be able to complete the tasks that were required. One person told us, “We have been using them for a couple of years and they always turn up on time.” Another person said, “They always try to accommodate us, if we have to change arrangements at the last minute.” A relative said, “The agency is very accommodating and we are in frequent communication, formally and informally. In fact I am having a meeting with them today to update how the care is going.”

Staff were given mandatory induction and annual on-going training. The induction was comprehensive, new staff shadowed more experienced ones before working alone and spot checks took place to monitor progress. Feedback was taken from the care worker being shadowed, person using the service and shadowing was also used as part of the client handover process. Training included moving and handling, 1st aid, behaviour that may challenge, lone working, food hygiene and end of life care. As well as informal day-to-day supervision and contact with the office and management team, staff meetings, supervision and appraisals also provided an opportunity to identify group and individual training needs.

People’s care plans included sections for health, nutrition and diet. Where appropriate staff monitored what and how much people had to eat and drink with them. People were advised and supported by staff to prepare meals, make

healthy meal choices and meals were provided if required by the care plans. Staff said any concerns about people’s health were raised and discussed with the person’s relatives and GP as appropriate. The records demonstrated that the agency regularly liaised with and made referrals to relevant community based healthcare services such as district nurses. The agency also worked with the hospital discharge teams.

People’s consent to the service provided was recorded in their care plans and they had service contracts with the agency. Staff said they also regularly checked with people that the care and support provided was what they wanted and delivered in the way they wished. The agency had an equality and diversity policy that staff were aware of, understood and had received training in.

We checked whether the service was working within the principles of the MCA and that applications must be made to the Court of Protection if appropriate. No applications had been made to the Court of Protection as this was not appropriate and the provider was not complying with any Court Order as there were none in place. Staff were aware of the Mental Capacity Act 2005 (MCA), ‘Best Interests’ decision making process, when people were unable to make decisions themselves and staff had received appropriate training. The manager was aware that they were required to identify if people using the service were subject to any aspect of the MCA, for example requiring someone to act for them under the Court of Protection.

The manager carried out spot checks which included staff conduct, courtesy and respect towards people, delivering care at the agreed time, ensuring people’s dignity, competence in the tasks undertaken and in using any equipment.

Is the service caring?

Our findings

People and their relatives said that they were treated with dignity and respect by staff. Staff listened to people, valued their opinions and helped them to do as much as possible for themselves. They provided support in a friendly and helpful way that followed the agency's stated philosophy of enabling people to make their own decisions regarding the support they required and when they needed it. People were positive about having consistent staff that understood their particular needs, preferences and this demonstrated a person-centred approach to the care that was provided. One person we spoke to told us, "Staff are good, friendly, polite and respectful." A relative told us, "The staff are very accommodating and if I wasn't happy, I would change agencies." Another relative said, "I have nothing but good things to say about the staff."

People and their relatives felt the agency provided enough information about the service and how care was delivered. This was contained in information leaflets and a handbook that outlined what they could expect from the agency, way the support would be provided and the agency expectations of them. They also confirmed that they had been involved in developing and deciding their care plans and that their views were listened to and respected. Decisions about people's care were made after an

assessment was made of what was needed and an agreement reached as to how best to provide the care, including frequency of visits, tasks to be carried out and time schedules.

Staff training included respecting people's rights and treating them with dignity and respect. People said this was reflected in the caring, compassionate and respectful support staff provided. One relative said, "They are polite and caring."

Interviews with staff and the staff rota demonstrated that people's care was scheduled and co-ordinated to promote the same staff working with people, in order that relationships could develop and staff could understand people's needs and wishes better. Staff we spoke with had a good knowledge of the people they supported. They were able to give us information about people's needs and preferences which showed they knew people well. One member of the care staff told us that where possible their schedule of people to visit was within a manageable area and that travel time between people had been factored in to the schedule.

The agency had a confidentiality policy and procedure that staff said they understood, were made aware of and followed. Confidentiality, dignity and respect were included in induction and on going training and contained in the staff handbook.

Is the service responsive?

Our findings

People and their relatives confirmed that the agency asked for their views and they were fully consulted and involved in the decision-making process before a service was provided. They were also confident that they received personalised care that was responsive to their needs. They said staff enabled them to decide things for themselves, listened to them and if required action was taken. Staff told us about the importance of knowing the views of people using the service and their relatives so that the support could be focused on the individual's needs. One person said, "They do come and check if things are alright and if I need anything else." A relative told us, "We have plenty of input into care planning." Another relative said, "We did have a concern, but that was quickly rectified."

After an initial enquiry was received, the registered manager carried out an assessment visit where required support was identified, checked and agreed with people, to make sure that the person's needs would be met. The visit would include assessments of any risks to the person and staff. The assessments formed the basis of people's care plans. People's care plans were individualised focussed on

the person and they were encouraged to take ownership of the plans and contribute to them. The tasks agreed with the agency were regularly reviewed, re-assessed with people and their relatives and care plans changed to meet their needs. People's personal information including race, religion, disability and beliefs were clearly identified in their care plans. This information enabled staff to understand people's needs, their preferences, choices and respect them. The information gave staff the means to provide the care and support needed. Staff were matched to the people they supported according to their skills and the person's needs.

People told us they were aware of the complaints procedure and how to use it. The procedure was included in the information provided for them. A relative told us, "I am quite happy to challenge (The agency) and always get an appropriate response." There was a robust system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly. Staff were also aware of their duty to enable people using the service to make complaints or raise concerns. The agency had equality and diversity policy and staff had received training.

Is the service well-led?

Our findings

People and their relatives told us that they felt comfortable speaking with the manager, staff and were happy to approach them if they had any concerns. They said there was frequent telephone communication with the office and they liked the fact that it was a small organisation that made the service more personal. One person told us, “I am happy to talk to the manager and staff anytime.” A relative said, “There is good communication and if someone is going to be late, the office let us know.” Another relative said, “A great service and no issues with the staff or their time keeping.”

During our office visit there was an open supportive culture that was clear, honest and enabling. The manager, who was registered with the Care Quality Commission (CQC) was able to describe a vision of how they saw the service as one which provided care to a standard that would be suitable for their own relatives. This vision and values was clearly set out and staff understood them.

Staff told us the support they received from the manager was good. She was in frequent contact with staff and this enabled them to voice their opinions and exchange knowledge and information. One staff member said, “The manager is friendly, approachable and helpful.” Another staff member told us, “I really enjoy working in the field and look forward to seeing my clients.” They felt suggestions they made to improve the service were listened to and

given serious consideration. There was also a whistle-blowing procedure. The records demonstrated that regular quarterly staff supervision, monthly staff meetings and annual appraisals took place.

There was a policy and procedure in place to inform other services of relevant information should other services within the community or elsewhere be required. The records showed that safeguarding alerts, accidents and incidents were fully investigated, documented and procedures followed correctly. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely manner.

The agency carried out regular reviews with people regarding their care. They noted what worked for people, what did not and any compliments and comments to identify what people considered the most important aspects of the service for them. There were also satisfaction surveys of people using the service. The current small number of people using the service enabled the agency to have a very individualised approach to monitoring the quality of their care. Frequent quality checks took place that included spot check visits; phone contact with people who use the service and their relatives and audits of people’s and staff files, care plans, risk assessments, infection control and medicine recording. The agency used this information to identify how it was performing, areas that required improvement and areas where the agency performed well. Policies and procedures were updated annually by an external organisation.

We saw that records were kept securely and confidentially and these included electronic and paper records.