

Limitless Healthcare Services Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

About the service

Limitless Healthcare Services Ltd is a domiciliary care service registered to provide personal care to people who live in their own homes. At the time of our inspection there were 2 people receiving personal care and support.

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

Governance systems in place to ensure the safety of people were not effective or robust. Auditing systems did not identify improvements required at the service. Accidents and incidents were not recorded to show they were reviewed to support staff to learn lessons and mitigate reoccurrence. The provider was not proactively monitoring or recording the improvements required at the service.

People were not always safe. People were at risk of harm as the provider did not have appropriate systems in place to support safeguarding processes. Medicines management was not always safe. We could not be assured people received their medicines as directed as prescriber's instructions were not recorded.

Staff completed appropriate care plans and risk assessments for people. However, information contained within these did not reflect person centred information consistently for all people. Risks related to people's health conditions were not always identified, mitigated and recorded.

People were supported by kind and caring staff. Staff understood their roles and responsibilities to support people in a person-centred manner. Relatives were happy with the support provided and were confident the registered manager would appropriately respond to any concerns raised.

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.

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

This service was registered with us on 21 April 2022 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about safeguarding people, recruitment of

staff and people's care and support. A decision was made for us to inspect and examine those risks. You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, safeguarding and good governance at the service at this inspection. Please see the action we have told the provider to take at the end of this report.

We have made recommendations for the provider in relation to accessible communication for people.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

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 ●

Limitless Healthcare Services Ltd

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

The inspection was carried out by one 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 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 19 January 2023 and ended on 31 January 2023. We visited the location's

office on 19 January 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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used information gathered as part of monitoring activity that took place on [date(s)] to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with 2 relatives about their experience of the care provided from the service. We spoke with 7 members of staff including the registered manager, senior care workers and care workers. We reviewed a range of records. This included 2 people's care records, 1 medication record, 3 staff files and a variety of records relating to the management of the service, including policies and procedures.



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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems and processes were not in place to monitor or record safeguarding allegations. We received information of 11 on-going safeguarding concerns that were being investigated by the Local Authority. The provider was aware of these; however, we could not see any evidence of involvement, action taken or lessons learnt in response to any of these concerns been raised.
- Systems and processes were not fully functional for staff to record accidents and incidents. This meant staff could not effectively report accidents or incidents in a timely way for the provider to monitor, review to identify lessons learnt.

The provider had failed to ensure effective systems were in place and operated effectively to safeguard people. This was a breach of Regulation 13(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Records in place did not support the safe management of medicines.
- Medicine Administration Records [MARs] did not contain information to show staff administered medicines safely. For example, the prescriber's instructions were not recorded on the MAR, so staff did not have appropriate guidance when administering medicines to people.
- People's care plans and risk assessments relating to the administration of medicines lacked information on how they wished to receive their medicines and the potential risks related to these.
- Documentation to support the administration of 'as and when' require medicines were not in place. For example, protocols to provide staff with information regarding when these medicines were required were not in place.

The provider failed to ensure the safe administration of medicines. This placed people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had access to appropriate training and understood how to raise concerns about poor practice to safeguard people.
- Relatives felt people were safe when supported by staff. One relative told us "They [person's name] are very safe with the staff. I have seen them supporting [person name] and they use equipment correctly and are very patient with them."

Assessing risk, safety monitoring and management

- Risks to people were assessed. However, risk relating to people's health conditions were not identified or recorded.
- Care plans and risk assessments contained explanations of the control measures for staff to follow to keep people safe. Further work was needed to ensure information recorded for all people was consistently detailed.

Staffing and recruitment

- There was enough staff to meet people's needs.
- Relatives told us staff always arrived on time, comments included,
- Safe recruitment processes were in place. Some information regarding staff recruitment was missing. This included full work history and reference verification.

Preventing and controlling infection

- The provider had an infection prevention and control policy in place and staff confirmed the provider checked their competency regarding the use of Personal Protective Equipment (PPE) and hand washing.
- Relatives confirmed that staff used PPE appropriately.

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 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's care needs, and preferences were assessed before they started to receive support. This was to ensure people's needs and preferences could be met.
- Care plans did not always detail people's health conditions and what staff might need to look out for if the person's condition was to change. We discussed this with the registered manager who agreed they would add this information.

We recommend the registered manager considers providing additional guidance for staff in care files about people's specific health conditions.

Staff support: induction, training, skills and experience

- Staff felt supported. One staff told us "I feel really supported and can contact the office if I have any problems."
- People were supported by staff who had received relevant training in areas such as safeguarding, moving and handling, infection control and emergency first aid. The management team checked staff competency to ensure they had understood and could apply their training.
- New staff completed an induction period which provided them with the necessary information and training to support people and perform their duties effectively.

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

- People received appropriate support from care staff with eating and drinking.
- The provider arranged for staff to have cooking lessons to promote more fresh food meal preparation.
- People's weight was monitored to support staff to identify any changes in their health.

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

- Staff supported people to maintain their health and well-being and to access relevant health support, where required. Care workers knew what to do if people became unwell or needed additional support.
- The provider was flexible with rotas to support people to attend appointments if required. One relative told us, "The communication is brilliant and staff are accommodating with any changes [person name] may need. They work with me really well. If [person's name] has a hospital appointment, they change calls around to support this."

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

- People were able to make decisions about aspects of their care, these were respected, including where people chose to make unwise choices.
- The registered manager and staff understood the principles of MCA. They were aware of the need for decisions to be made in a person's best interest if they were unable to make those decisions for themselves.

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 kind and respectful care from staff. Relatives told us staff were caring and treated people well. One relative said "Staff are kind respectful and so polite. I can't fault them at all."
- Care workers spoke about people respectfully and understood people's diverse needs which had been assessed and included in their care plans. One staff member told us, "I ensure I treat people respectfully, as if they were my family. It is very important to me to ensure people are happy with the support I give and feel I am respectful of them."
- The provider sought feedback from people to help ensure care workers delivered care in a kind and compassionate manner.

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

- People and their relatives, where appropriate, were involved in decisions about the care and support they would receive. Staff ensured people consented to care before supporting them with their needs.
- Effective communications between management team, staff and relatives supported people to be confident to speak about their feelings and needs.

Respecting and promoting people's privacy, dignity and independence

- Skills set and personalities of staff were considered, helping to ensure the right match for the person receiving care and support. This meant care workers could build good working relationships and help people to maximise their independence.
- Care plans included detailed information about how to promote people's privacy and dignity, tailored to people's individual needs and preferences.
- People were treated with dignity and respect. Daily records were written in a respectful manner and clearly detailed people's overall wellbeing.

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.

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.

- Basic information about people's communication needs was included in their care plans. Further work was needed to show compliance with the AIS. For example, including details of what format people required information in to access it.

We recommend that the provider reviews the AIS guidance and update their practice accordingly.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The provider was aware of what care plans should contain to provide person-centred care. Further work was needed to ensure person-centred care planning was consistently implemented for all people.
- People's care visits accommodated their routines and preferences. Daily records showed that staff followed care plans and delivered person-centred care and support.
- People received care from a consistent team of staff. A relative told us, "It is the same staff all the time and do everything [person name] wants and needs."

Improving care quality in response to complaints or concerns

- People's relative knew how to make a complaint and told us they had no complaints about the care provided. One relative said, "I have no complaints about this service, if I did, I would speak to the office and I am confident they would take it seriously."
- The service had a complaints policy in place. The provider told us the service had not received any complaints. The provider told us what action they would take to resolve complaints in line with their policy.
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End of life care and support

- Staff supported people at the end of their life according to their wishes and preferences. Staff received training to enable them to support people to stay in their own home if they chose to do so. Additional support was provided as needed from external health professionals.

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; Continuous learning and improving care; Working in partnership with others

- Systems and processes were not fully established to ensure effective oversight was maintained at the service.
- The provider's quality assurance system had not identified issues we found on inspection, relating to safeguarding, risks to people, medicines, and accidents and incidents.
- Records of safeguarding, accidents and incidents were not fully recorded or reviewed. We could not be assured the provider took appropriate action in relation to these areas as there were no records to evidence this.
- We were not assured the provider's quality assurance checks were effective in making improvements. A system of audits had been implemented by the provider. However, these were limited in their scope. For example, audits in place for safeguarding only contained information of systems in place, they did not reflect information of referrals made or investigations raised to show the service was acting appropriately to safeguard people.
- Where the provider had identified improvements for the service through reflection, no action plans had been developed to show how these improvements would be made and the timescales required to make the improvements.
- We were not assured the provider was working pro-actively with professionals to make required improvements at the service.

The provider had failed to assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 registered manager did not always understand regulatory requirements and had failed to notify the CQC of the safeguarding concerns raised by the local authority.

The failure to notify as required was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. We are dealing with this matter outside of the inspection process.

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

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

- People were being supported by staff who wanted to provide person-centred support.
- Relatives were happy with the support they provided from the service and were fully involved in all aspects of care delivery.
- Staff were supported through supervision sessions about their work. Staff told us they felt supported.
- The service sought feedback from people and their relatives. All feedback received by the service was positive.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure the safe administration of medicines. 12(2)(g)
Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider failed to ensure systems and processes were established and operated effectively to prevent abuse of service users. 13(1)(2)(3)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure that systems and processes in place effectively assessed and monitored the service to drive improvement's in quality and safety. 17(1)(2)(a)