

Lim Independent Living & Community Care  
Services Ltd

# LIM Independent Living and Community Care Services Limited

## Inspection report

3 Foxley Road  
Thornton Heath  
Surrey  
CR7 7DX

Tel: 02086649040  
Website: [www.limilccs.co.uk/](http://www.limilccs.co.uk/)

Date of inspection visit:  
05 July 2018

Date of publication:  
14 August 2018

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 5 July 2018 and was announced. We gave the registered manager 48 hours to make sure someone was available in the office to meet with us.

At our last announced comprehensive inspection of this service on 8 January 2018 we identified issues relating to safe care and treatment, consent, person-centred treatment and good governance. We served the provider warning notices in relation to safe care and treatment and good governance which required the provider to be compliant by 5 April 2018. We rated the service 'requires improvement' overall. We carried out this inspection to check the provider was compliant in relation to the warning notices as well as with all other fundamental standards.

The service is a domiciliary care agency. It provides personal care to people living in their own homes, flats and specialist housing. It provides a service to older adults and younger disabled adults. There were 101 people receiving personal care from LIM Independent Living and Community Care Service at the time of our inspection.

The service had a registered manager in post. The registered manager had been in post since the service registered with us in 2012 and was also the director. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

The provider had not always submitted statutory notifications of significant events to CQC as required by law. This meant the provider did not always support us to monitor the service and plan inspections.

The provider did not always inform people and relatives if staff were going to be late and people were unhappy with this.

The provider had improved in relation to the concerns we found at our previous inspection.

People's medicines were managed safely and the processes to assess and manage risks relating to people's care were more comprehensive.

Care plans contained more information about people's needs and preferences with clearer guidance for staff to follow in caring for people.

The provider had systems to assess the mental capacity of people in line with the MCA and make decisions in their best interests.

Most people told us they received care in a timely manner and the provider used an electronic system to

monitor timekeeping. The way the provider used the electronic system to monitor timekeeping had improved since our last inspection.

The provider improved the way they responded to and used concerns and complaints to improve the service.

The provider had systems to assess, monitor and improve the service. Records relating to people, staff and the overall management of the service had also improved.

There were enough staff deployed to meet people's needs and staff were recruited using suitable recruitment checks. People received care from staff who were suitable for them.

People felt safe with the staff who supported them and staff understood how to respond if they suspected anyone was being abused to keep them safe.

People received food of their choice and received any support required in relation to eat and drink. People also received support with their day to day health needs.

People liked the staff who supported them and staff treated people with dignity and respect. Staff were allocated sufficient time to care for people.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe. Risks to people were assessed and managed appropriately as part of keeping people safe.

People's medicines were managed safely.

Recruitment checks were carried out to ensure staff were suitable to work with people.

Systems were in place to safeguard people from abuse and neglect.

There were enough staff to care for people.

### Is the service effective?

Good 

The service was effective. Staff received training and supervision.

The provider had systems to assess people's mental capacity to make decisions when they had reason to suspect people lacked capacity.

Staff supported people appropriately in relation to eating and drinking and their day to day healthcare needs.

People's care needs were assessed by the provider.

### Is the service caring?

Good 

The service was caring. People were positive about the staff who supported them.

People were treated with dignity and their privacy was respected.

Staff were provided sufficient time to care for people.

People received the care they wanted.

### Is the service responsive?

Requires Improvement 

The service was not always responsive. The provider put care plans in place to guide staff on people's physical, mental, emotional and social needs.

People did not always receive care in a timely manner.

Concerns and complaints were responded to and used to improve the service.

### **Is the service well-led?**

The service was not always well-led. The provider had not always submitted statutory notifications of significant events to CQC to help us monitor the service and plan inspections.

The provider did not always inform people when staff were going to be late.

The provider had improved their governance of the service.

The provider had systems to gather feedback from people, relatives and staff.

**Requires 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 a comprehensive inspection. The inspection took place on 5 July 2018 and was announced. We gave the provider 48 hours' notice of the inspection to make sure someone was available in the office to meet with us. The inspection was carried out by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before our inspection we reviewed information we held about the service. This included information of concern from three individuals connected with the service and the Provider Information Return (PIR). The PIR is a form we asked the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what the service could do better and improvements they plan to make.

During the inspection we spoke with the registered manager who was also a director of the company and the care coordinator, the review and support officer and the administrator. We looked at a range of records including ten people's care plans, three staff files and other records relating to the management of the service.

After our inspection our inspection our expert by experience spoke with six people using the service and four

relatives. Our inspector spoke with three care workers. We also contacted five professionals to gather their views and received feedback from a quality assurance and contracts officer.

## Is the service safe?

### Our findings

At our January 2018 inspection we found people's medicines were not always managed safely by the provider. This was because the provider lacked suitable audits to check people received their medicines safely. The provider did not always record the administration of topical medicines appropriately. In addition, the provider had not established systems to assess the competency of staff to administer medicines. The provider had not carried out assessments to identify risks relating to people's care such as for medicines management, falls, eating and drinking. This meant the provider may not have been supporting people to manage risks safely. We served the provider a warning notice which required them to be compliant by 5 April 2018.

At this inspection we found the provider had taken action to improve the care people received. One person told us, "We both count my tablets and then it's logged in my notes." A second person told us, "They always check to make sure I've taken my medication." We checked medicines records and found staff recorded medicines administration appropriately, and the provider was able to explain any omissions. The provider put monthly audits of medicines administration in place to check people received their medicines safely. However, the provider did not always record these audits which meant we could not be sure audits were carried out consistently and were always robust. The provider told us they would begin recording audits immediately. The provider also put in place observations of staff in relation to medicine management to check they had the required competencies. The provider also reviewed their risk assessment processes to ensure they assessed all risks relating to people's care. Records showed the provider put assessments in place for people which included risks relating to the environment, falls and individual risks relating to their care.

At our last inspection we found the provider had not always retained records required by law in relation to staff recruitment and this formed part of the breach relating to good governance. We served a warning notice in relation to this which required the provider to be compliant by 5 April 2018. At this inspection we found the provider had improved in relation to staff recruitment records. In addition, the provider continued to check staff were suitable to work with people. The provider checked the employment history of staff and obtained references from former employers and checked criminal records, identification, proof of address and health conditions which may require reasonable adjustments to be made.

Staffing numbers remained suitable to care for people safely. People, relatives and staff told us there were enough staff deployed to meet people's needs. People told us staff were usually on time and stayed for the agreed length of time. The care coordinator told us they scheduled visits so staff had enough time to travel and we viewed rotas which supported this.

The provider continued to have suitable systems to safeguard people from abuse and neglect. One relative told us, "[My family member] feels very safe when the carers are here. They're all very polite, kind and respectful." The provider told us about three safeguarding allegations since our last inspection, two of which were unsubstantiated and one of which was upheld. The provider worked closely with the local authority safeguarding team during the investigations and attended safeguarding meetings as part of keeping people

safe. The provider also took action to reduce the risk of a repeat of the incident where they, along with several other external agencies, were found to be at fault. Staff we spoke with understood the signs people may be being abused and how to respond to this to keep people safe and staff received training in this each year.

## Is the service effective?

### Our findings

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

At our January 2018 inspection we found people who lacked capacity were not always cared for in line with the MCA. The provider had not carried out any MCA assessments to determine whether people lacked capacity then followed processes to make decisions in their best interests. After our inspection the provider submitted an action plan setting out how they would improve. At this inspection we found they had followed their action plan and were no longer in breach of regulation. The provider considered whether people may lack capacity in relation to their care during pre-assessment meetings. Some people using the service lacked capacity and the provider consulted relatives who had legal authorisation to make decisions about their care. The provider had systems in place to carry out MCA assessments if they had reason to believe people lacked capacity in relation to their care. However, the provider had not had reason to carry out MCA assessments in relation to people using the service at the time of our inspection. Staff continued to receive training from the provider in the MCA and staff we spoke with understood their responsibilities in relation to the Act.

At our January 2018 inspection we found people may have been cared for by staff who were inappropriately trained and supported to carry out their roles as the provider was unable to evidence training and support staff received. Staff and the provider told us staff received regular training in key topics relating to their role. However, the provider's poor recording systems meant they could not always be sure of the training staff completed or when it required renewing. Poor recording systems also meant the provider did not always have records of supervision staff received from their line manager. After the inspection the provider submitted their action plan to us setting out how they would become compliant with the regulation.

At this inspection we found the provider had followed their action plan and was no longer in breach of regulation. The provider had improved their recording systems and retained copies of training and supervision records for staff. The provider had a training programme in place for staff to complete training in key topics such as moving and handling, medicines management, dignity and respect and infection control each year. Staff told us they found the training to be suitable to help them understand people's needs. A programme of staff supervision for the year was in place which the provider followed and staff felt well supported. However, the frequency of staff supervision was not always three monthly as per the provider's policy and the provider told us they would improve in relation to this. These improvements meant the provider had reduced the risk of people receiving care from staff who were inappropriately supported to understand their role and responsibilities.

People's care needs continued to be assessed appropriately by the provider. The provider met with people before their care began to find out more about them and their needs and recorded their assessment. The

provider also used professional reports, such as those from social services, to help them understand people's needs as part of their assessment. In this way the provider helped people transitioning to the service receive more coordinated support.

People continued to receive the right support in relation to eating and drinking. One person told us, "They make my breakfast and always ask what I want and they'll make me as many drinks as I want." A second person told us, "My care workers always tell me what food I've got in and let me choose what to eat." People's needs in relation to eating and drinking were recorded in their care plans for staff to refer to. During our inspection a staff member called the office for support when a person at risk of malnutrition refused food. The office staff guided the staff member on encouraging the person and contacted the person's relative as previously agreed. The provider gave us an example of when they matched a person with a staff member from their country of origin so they could make meals they enjoyed.

People received support with their day to day healthcare needs. The provider discussed people's healthcare needs with staff so they understood the support people required. People's day to day healthcare needs were also recorded in their care plans for staff to refer to. The provider was available to support people to obtain referrals to healthcare professionals although this had not been required since our previous inspection.

## Is the service caring?

### Our findings

At our last inspection we found people sometimes received care from staff who were unsuitable for them. This was due to the lack of a system to accurately record people's needs and preferences. After our inspection the provider wrote to us to tell us how they would improve. At this inspection we found the provider had taken action to meet the breach. People told us they were provided with staff who were suitable for them. One person told us, "It's always a female for my personal care and I feel very comfortable with her." The provider found out people's preferences in relation to staff, such as whether they preferred male or female care workers, and clearly recorded this. The registered manager gave us an example of when they allocated staff who spoke people's preferred language and understood their cultural needs.

People continued to be positive about the staff who supported them. As we found at our last inspection staff talked about the people they supported in a caring, respectful way. One person told us, "[My care worker] knows when I've got my ups and downs. She knows me well without me having to explain myself." A second person told us, "The Carers are all very kind, my regular one is absolutely super. I look forward to seeing them, they really cheer me up." Other comments included, "They know me well and know what I like", "The Carers are very kind and helpful" and "The Carers are lovely, nothing is too much trouble."

People received consistency of care which helped them build relationships with staff, although one person commented there was less consistency at weekends. One person told us, "It's always the same person that comes, I like it that way." A relative told us, "They come three times a week and it is regular people now which means it's very consistent. It's good for [my family member]." A second person said, "During the week it's always the same person. It's better to have a regular, you get to know each other and she knows what to do without me having to say. I have complained to the Manager and she said that she'd sort out a regular good Carer at weekends, but it's not sorted as yet". The registered manager told us they were recruiting staff to provide greater consistency at weekends.

People were involved in decisions relating to their care. The provider met with people to find out what was important to them in relation to their care and told us staff delivered care in accordance with their wishes.

People were treated with dignity and received the privacy they needed. One person told us, "My care worker is very respectful towards me." A relative told us, "They're so respectful towards [my family member] and he's very comfortable with them." Staff received training in providing dignified care and our discussions with staff showed they understood the need to deliver care in a dignified manner.

Staff were allocated sufficient time to care in a caring way and without rushing and people told us staff stayed for the agreed length of time.

## Is the service responsive?

### Our findings

At our last inspection we found people did not always contribute to planning their care and support. The provider did not include information about people's backgrounds, preferences, aspirations, strengths, levels of independence and quality of life in their care plans. Care plans also lacked information to guide staff about people's physical, mental, emotional and social needs. The poor information in care plans meant the provider had not planned people's care with a view to achieving their preferences and ensuring their needs were met. After our inspection the provider submitted an action plan to us setting out how they would improve.

At this inspection we found the provider had taken sufficient action to improve. The provider had developed new care plans which better reflected people's needs. Care plan included information the information we found lacking at our previous inspection, such as that relating to backgrounds, preferences and aspirations. This information was gathered from discussion with people and in this way people contributed to planning their care and support.

At our previous inspection we found people were not always supported to receive timely care and support through the technology in place. Although the provider invested in an electronic system to monitor the times people received care, staff were not using the system appropriately to ensure people received timely care. Some relatives told us timekeeping was an issue. The provider told us they would improve by ensuring staff used the system correctly.

At this inspection we reviewed the system and found staff were using it appropriately to record the times they provided care. People and relatives told us staff stayed for the agreed length of time and the electronic system supported this. Most people told us they received care at the agreed times although two people were unhappy with timekeeping. Positive comments included, "They always turn up on time, give or take a few minutes", "I don't clock watch but they've never let me down", "They're not too bad but sometimes they are delayed" and "We've had some ups and downs" mostly with timings, but it has got better." The two people who were unhappy regarding time keeping said, "Their timings are not good really, they always arrive late in morning" and "At weekends, they can turn up in the afternoon instead of 9am." A quality assurance and contracts manager told us they had received more concerns regarding timekeeping than expected of a service of this size and were working with the service to check improvements had been made.

At our previous inspection we found the provider did not always use concerns and complaints as an opportunity to learn and drive continuous improvement. Although the provider had received concerns regarding lateness of visits, the provider had not reviewed their systems to improve the situation. In addition, the provider did not always record concerns raised to show how they responded to them. After our inspection the provider submitted an action plan setting out how they would improve.

At this inspection we found the provider had taken sufficient action to improve. One person told us, "I've never had any concerns. I'd let them know immediately as I used to work in this field." A second person told us, "I've got no complaints, I've no issues at all." The provider told us they had received one formal

complaint since our last inspection and several concerns. We found the provider kept clear records about the concerns and complaints and the action they had taken in response. Records showed the provider promptly responded to concerns and complaints and liaised with those who raised issues. The provider carried out investigations and used concerns and complaints to improve the care people received.

## Is the service well-led?

### Our findings

At this inspection we found the provider had not notified us of three allegations of abuse or neglect as required by law to help us monitor services. This meant the provider did not always work openly in partnership with key organisations such as CQC. The provider told us they had not realised their obligation to inform CQC of these allegations and they sent us the notifications soon after our inspection for our records.

Five people and relatives were unhappy office staff did not always inform them if their care worker would be late. One person told us, "Some come late, and they don't ring to let us know, I always have to chase them." A second person told us, "The times they are delayed and I have to ring the office, they never ring me." A third person told us, "They never ring to let me know [if they staff are going to be late]." When we raised these issues with the registered manager they told us the electronic system would notify them if staff running late and they would ensure they improved their communication with people regarding this.

At our last inspection we found people were at risk of receiving poor care due to weak governance processes. The provider's poor auditing processes meant they had not always identified and improved the issues we found during our inspection. The provider also did not always keep an accurate and complete record of decisions taken regarding people's care. We served the provider a warning notice which required them to be compliant by 5 April 2018.

At this inspection we found the provider had taken sufficient action to improve in relation to this breach. Comments from people and relatives included, "The service I get is good", "We're very happy with the service, there are no issues at all", "The service is very good" and "The service is quite good really." Since our inspection the provider created a new role for a 'reviewing officer' to review people's care and ensure accurate records of decisions were made. We found people received regular reviews and their views and wishes in relation to their care were clearly recorded by the provider and acted upon. The provider also employed a field care coordinator to check staff provided care to people in the best ways possible and in line with their care plans. The provider had improved risk assessments and care plans to ensure they better reflected people's needs. In addition, the provider had improved procedures to provide care in line with the MCA.

There had been no change in management since our last inspection. The registered manager continued to be the director of the service and had managed it since their registration with us in 2012. The provider had sufficient experience to manage the service and had also completed a diploma in leadership and management in health and social care to improve their understanding of their responsibilities. We found the registered manager had improved their understanding of their role and responsibilities since our last inspection and had been successful in following their action plan to improve the service.

The provider continued to have systems to gather feedback from people, their relatives and staff. The provider regularly contacted people to find out about their experiences and whether care met their needs through phone calls, home visits and reviews. The provider continued to send annual questionnaires to

people to gather their views on their care. Staff were positive about the way the provider communicated with them and told us office staff always answered their queries promptly including out of hours.