

LMT Realty Ltd

LMT Support Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

This announced inspection was carried out on 30 March and 19 May 2016. LMT Support Care provides support and personal care to people living in Nottinghamshire.

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

People were supported by staff who understood the risks people could face and knew how to make people feel safe. People were encouraged to be independent with as little restriction as possible.

There were not always sufficient staff available to meet people's needs which meant there were occasions when people were not provided with their care safely. Staff had not been fully vetted to determine their suitability to work with people who used social care services.

There may have been occasions where people received support from staff who did not have the right skills and knowledge to meet their needs. People's human rights to make decisions for themselves were respected and they provided consent to their care when needed. People received support from staff who understood their health needs.

People were treated with respect by staff who were caring and kind. People were involved in determining their care and support and were treated in the way they wished to be.

People's plan of care contained information about the care and support they required. People were encouraged to express any issues of concerns they had so these could be acted upon.

There were no systems in place to monitor the quality of the service which would enable the provider to make improvements when needed. The provider did not notify us of certain events when they were required to.

You can see what action we told the provider to take at the back of the full report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Staff were not recruited safely and there were insufficient staff employed to ensure people received safe care.

People felt safe using the service because care workers looked for any potential risk of abuse.

Is the service effective?

Requires Improvement ●

The service was not always effective.

There were occasions when people may have been supported by staff who were not suitably trained and supported to meet their needs.

People's right to give consent and make decisions for themselves were encouraged.

Is the service caring?

Good ●

The service was caring.

People were shown respect by the staff who cared for them.

People were involved in planning their care and support.

People had their privacy and dignity maintained when care workers visited them in their homes.

Is the service responsive?

Good ●

The service was responsive.

People were involved in planning their care and supported to keep this under review.

People were provided with information on how they could raise any worries or concerns.

Is the service well-led?

Requires Improvement 

The service was not always well led.

People could not be assured the quality of the service would be maintained as this was not monitored to identify where improvements were needs.

LMT Support Care

Detailed findings

Background to this inspection

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

This inspection took place on 30 March and 19 May 2016 and was announced. The provider was given 24 hours' notice because the location was a domiciliary care agency and we wanted to ensure there was someone free to assist us with the inspection. The inspection was carried out by one inspector.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with people who either used the service or had a relative that did. We also spoke with staff who worked for the service including the registered manager. We also spoke with the registered manager. We considered information contained in some of the records held at the service. These included care records and staff recruitment files.

Is the service safe?

Our findings

The registered manager said that as they were a small domiciliary care agency this meant they only had a small staff team. They said they usually had enough staff to complete the planned calls, however there had been a small number of occasions when one care worker had attended a call that required two workers to attend. A relative confirmed that there had been occasions where only one care worker had attended rather than the required two. They added, "It's very rare only one (care worker) has turned up." The registered manager said they would look to provide an alternative contingency arrangement so they had cover in the event of a short notice absence from work in the future.

People did not always receive their care and support in the way that had been assessed for them to receive this safely. One person who used the service required two staff to help them with their mobility. A staff member told us that whilst there were normally always two staff members attending the person's call to provide them with the assistance they required, there had been a few occasions where only one staff member had attended their call. The staff member said the occasions where they had done so alone had arisen because no other staff were available. They said, "I couldn't leave them."

People were cared for by staff who may not have been suitable for this type of work because they had not been through the full recruitment process to determine their suitability. We looked at 10 staff files, which included some files for staff who the registered manager told us no longer worked for the service. These showed that the required recruitment procedures had not been followed in a number of ways. We found two previously employed staff had not undergone a check with the Disclosure and Barring Service (DBS). The DBS provides information about an individual's suitability to work with people to assist employers in making safer recruitment decisions. We also found two different ex staff had not had two references obtained to confirm the applicants' suitability for working with people who used social care services. In addition we found details of applicants' previous work history were not complete.

The registered manager also told us there had been a few occasions where one member of staff had carried out a call where two staff were required. They recognised this had not been appropriate but it had happened as there were no other staff available.

People were happy with the time they received their service. A relative told us, "They arrive within half an hour of the agreed time, so I've got no worries about the timings. They had some car problems recently, but still turned up. They call if they are going to be late."

A relative told us they felt quite confident in leaving the care workers to, "Get on with it." They added that their relation had never complained about the way they had been assisted with their mobility. Staff also spoke of being careful in how they administered personal care so the person was safe.

The registered manager told us they had assessed the staff as competent to use equipment they needed when carrying out their duties. In one person's care file we saw there was a risk assessment completed for the use of a hoist and staff confirmed they had seen this. The registered manager said they would put any

further risk assessments into place as and when these became required. They told us they had the paperwork required ready to introduce these as soon as they were needed. The registered manager also told us people's properties were always assessed when making up the care packages. We saw that care files contained an assessment of the environment.

People felt safe using the service and were treated well by the staff who visited them. A person who used the service told us, "I feel very safe with them (care workers.)" A relative told us, "We definitely feel safe. We look forward to seeing them, they are brilliant." Staff knew the different types of abuse people could face and that any concerns should be reported to the local authority. They said they had received training in safeguarding at a previous employment. A staff member told us, "[Manager] said she is going to organise me some training." They also confirmed they did not have any safeguarding concerns.

The registered manager was aware of the different types of abuse people they provided services to may face. They told us they advised staff to be aware of any signs that may indicate someone was at risk of, or had been, abused. The registered manager said they had not made any referrals about people's safety to the local authority, but knew how to do so if they needed to. The registered manager told us staff had training on safeguarding prior to joining their company and they were currently negotiating for further training to be provided.

People who used the service did not require any support to take their medicines. A relative told us they managed their relation's medicines and did not need any assistance to do so. The registered manager told us they did not provide any assistance to people with administering medicines at present. They said if they were requested to do so in future they would not start until they had provided the staff with the required training and completed the relevant assessments. A staff member also confirmed they did not provide any support to help people take their medicines.

Is the service effective?

Our findings

People who used the service felt staff had the skills they needed to support them and meet their needs. A relative told us, "I think they are trained, they seem more than competent." However we found that the training staff had received was from a previous employment and the provider did not have a system in place to provide staff with any training. A staff member told us they had received the training they needed in a previous employment, but had not been provided with any since working with this agency.

The registered manager provided us with a copy of the staff training matrix which showed what training staff had completed. This showed that one staff member had not received moving and handling training, although they attended a call where the person required moving and handling assistance. Additionally the staff training matrix had not been completed for all the staff who had provided care to people who used the service.

The registered manager told us they were currently looking to introduce the care certificate as a way of providing staff with the training they required. A staff member said the registered manager had informed them they were in discussions with a national organisation regarding further training.

The registered manager told us they held supervision sessions with staff where they discussed work based issues and any training needs. However the registered manager told us they had not made a record of these discussions. A staff member said they had one to one discussions with the registered manager where they were able to talk about anything they wished to.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People had their right to give their consent and make decisions for themselves respected. A relative told us their relation would say if they did not want to receive any care or support at a particular time, for example if they were watching a television programme.

The registered manager told us they had attended MCA training previously, but were due some update training for this. They said there was no one who used the service at present who did not have capacity to make decisions for themselves. They spoke of providing people with choices and doing what the person wanted them to do.

There was a section in the care plan which listed what people who used the service had given their consent for. This showed care plans had been written with their agreement. The plans could be read by staff who were involved in their care and that a person could withdraw their consent if they wished to.

People who used the service did not require any assistance with their nutritional and hydration needs. A relative told us they prepared their relation's meals and did not need any assistance with this. The registered manager told us they did not provide anyone with assistance in meal preparation or eating at present, and there were no concerns regarding nutrition and hydration. A staff member we spoke with also said they did not provide this support.

People were supported with their healthcare needs. A relative told us, "They put the creams on as prescribed, they do it thoroughly." A staff member said they informed a relative of anything they noted when providing personal care that may require medical attention. They said they suggested the relative contacted the person's GP or the district nurse if they felt this was needed. The registered manager told us they would pass any concerns, such as skin blemishes, they noted when providing personal care on to a relative.

Is the service caring?

Our findings

People had formed relationships with staff who were friendly, sensitive and caring. A person who used the service told us, "I have a good relationship with them." A relative told us, "I am more than happy, they help me a lot. I couldn't manage without them." They said they were introduced to the care workers before they started to provide any care so they got to know them first. They also told us, "They are always good for a laugh, they are good fun."

The registered manager told us there was a relaxed and comfortable approach during visits to provide care. A staff member spoke warmly about the people they visited, including relatives. They said how one person, "Talks nicely with us."

People were involved in planning their care and support and making decisions about this. A relative told us, "They came and saw us and we told them what we wanted. We are able to say what we are getting." A staff member described how they worked together with people and how one person, "Says what they want."

The registered manager told us people were involved in their assessments and were welcome to have support in this from any family member they wished. They gave an example that one person told them what time they wanted their calls to take place. There was a section in the care plan that listed who had been involved in preparing this.

People who used the service were treated with respect. A relative told us, "They are all very polite, they knock and come in and always say hello to me." A staff member said they showed people respect and engaged them in conversation and laughter when providing personal care. They said this distracted people from any embarrassment whilst the personal care was provided.

The registered manager told us how they followed practices to ensure people's privacy and dignity were promoted when receiving care. They said they encouraged people to be as independent as they were able to be.

Is the service responsive?

Our findings

People said they were provided with care and support and which met their needs. A person who used the service said, "The care company provides very good care and are really supportive."

The care and support people required was written in a plan of their care. The registered manager told us people were involved in writing their care plans and were able to read this when they wanted to. A relative confirmed they had a care plan and told us, "We are waiting for a new care plan to come as we have a new hoist." We saw there was an assessment form completed before the person started to use the service. This had been completed with the person and their relative who had signed this to show their involvement.

A staff member told us they had read people's care plans and these gave the information they required. The staff member said one person, "Tells us what they like and they do what they want." We saw the care file held at the office was clearly laid out and stated what care was provided. There was a summary of what care was needed on each visit. The care plan had indicated this had been due to be reviewed in November 2015 and this had taken place.

The registered manager told us they had initiated a review of a person's care with the local authority when they had identified that the person's needs were changing. They said as a result the person's care package had been updated to take into account these changes.

A relative told us they may have been informed about the complaints procedure but they did not remember being told. They added, "We've not got any (complaints)." The registered manager said they provided anyone who used the service with a copy of their complaints procedure. They added that they had not received any complaints. A staff member told us that people had, "Never complained to us." They said if anyone did complain to them they would pass this on to the registered manager.

Is the service well-led?

Our findings

There were no systems in place to monitor the quality of the service and ensure records were complete and up to date. This meant the provider did not identify where improvements were needed in the service, such as ensuring the required recruitment checks had been completed for staff. The registered manager said they had not introduced any quality assurance systems due to the size of the service, however this shortfall meant that they had not identified issues that we found at our inspection. Records were not kept of the support and supervision staff received.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider complied with the condition of their registration to have a registered manager in post to manage the service. People who used the service were happy with how this was managed. A relative told us, "They all do a good job as far as I am concerned." A staff member said they thought the service was very good but needed to have more people using it as there was not enough work available.

The registered manager said they did not have formal staff meetings but did have discussions about the service with staff both together and on an individual basis. They also said they observed other staff's practice when they were working with them and during monitoring visits. The registered manager said they did not make any record of these discussion and observations. They said they kept in regular contact with each other and passed information on when needed using a group messaging service.

The registered manager had regular contact with people who used the service and staff. A relative told us the registered manager visited them regularly and they could discuss anything they wanted to with them. A staff member described the registered manager as, "Wonderful." They also said they were, "Nice, friendly and helpful."

The registered manager told us they spoke regularly with people who used the service and their relatives. They also told us they checked the paperwork that was completed, for example they read through the daily notes and wrote comments on these if needed, although these were not available for us to see during the inspection.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems or processes must enable the registered person to assess, monitor and improve the quality and safety of the services provided and assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. Regulation 17 2 (a) (b)