

Lim Independent Living & Community Care Services Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

LIM Independent Living and Community Care Services Limited is a service providing personal care to people in their own homes. The service supports older people who need help with personal care. Twenty-two people were in receipt of care at the time of the inspection.

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 staff did not always receive regular training to keep their knowledge current nor regular supervision to support them in their role.

While some people were happy with their visit, other people raised concerns about lateness, missed visits and not being informed when visits were late.

The provider oversaw the service with a system of checks and audits to ensure standards were maintained. However, these checks and audits had not identified and resolved the issues we found relating to staff training, supervision, lateness, missed visits and communication about lateness and cover arrangements.

People received medicines safely. The provider assessed risks to people, including those relating to medicines, and took action to reduce the risks. Staff followed best practice in relation to infection control. There were enough staff to support people safely and people received care at the agreed times.

People received the support they needed to maintain their day to day health and in relation to eating and drinking. 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.

People described staff positively and developed good relationships with them. People received consistency of care from staff who knew them well. Staff treated people with dignity and respect and encouraged them to maintain their independence. People were involved in their care and also in developing their care plans. People's care was personalised to meet their needs and preferences. People's communication needs were met. The provider responded to complaints appropriately.

An experienced registered manager was in post who was also a director of the company. People, relatives and staff told us the service was well-led and the provider engaged with them. The provider submitted notifications of significant incidents to CQC as required by law.

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

Rating at last inspection

The last rating for this service was requires improvement (report published August 2018). This service has been rated requires improvement for the third consecutive time.

Why we inspected

This was a planned inspection based on the rating at the last inspection.

Enforcement

We have identified breaches in relation to the regulations about staff support and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Requires Improvement 

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement 

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-led findings below.

LIM Independent Living and Community Care Services Limited

Detailed findings

Background to this inspection

The inspection

We carried out our inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Our inspection checked whether the provider was 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.

Inspection team

Our inspection was completed by one 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 care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

Our inspection was announced. We gave the service 48 hours' notice of the inspection visit because staff were often out of the service or providing care. We needed to be sure that they would be in. Inspection activity started on 11 July 2019 and ended on 19 July 2019. We visited the office location on 11 July 2019.

What we did before the inspection

Our inspection was informed by evidence we already held about the service. We also checked for feedback

we received from members of the public, the local authority and clinical commissioning groups (CCGs). We checked records held by Companies House and the Information Commissioner's Office (ICO).

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with the registered manager, the service manager and three care workers. We reviewed three people's care records and medicines records, three staff files, audits and other records about the management of the service. We spoke with six people who used the service and three relatives.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People were satisfied with the support they received in relation to medicines.
- Staff recorded medicines administration appropriately and the provider audited medicines records to check people received their medicines as prescribed.
 - Staff received training in the safe management of medicines, although this was not always regular to ensure their knowledge remained current. The provider checked staff followed best practice during observations.
- Risk assessments were completed for each person regarding the safe management of their medicines.

Staffing and recruitment

- Most people, the registered manager and staff told us there were enough staff to care for people safely. Issues related to this are discussed further under the 'Is the service Responsive?' section of the report.
- The provider had not recruited any new staff since our last inspection so we did not check the recruitment of staff. At the last inspection recruitment was appropriately carried out.

Preventing and controlling infection

- People told us staff followed safe infection control practices.
- Staff received training in infection control, although this was not always regular. Our discussions with staff showed they understood safe infection control practices.

Assessing risk, safety monitoring and management

- The provider assessed risks relating to people's care and put guidance in place for staff to follow to support people safely where risks were identified.
- The provider reviewed people's general risk assessments each year or more often if their needs changed.
- Staff understood risks relating to individuals and how to keep people safe.

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

- People told us they felt safe with the staff who supported them.
- Staff received safeguarding training, although this was not always regular. Staff understood their responsibilities to safeguard people and the signs people may be being abused.
- The provider responded appropriately to allegations of abuse, liaising with the local authority safeguarding team where necessary to investigate these and learning lessons to help reduce recurrences.

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

At the last inspection this key question was rated as good. At this inspection this key question deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills, and experience

- Although people and relatives did not raise concerns, people were not always supported by staff who received regular training and support. The provider told us annual staff training was postponed and would be arranged soon. This was because the service recently underwent a significant reduction in size, so some staff were no longer required.
- There was no evidence some staff had received any training in key topics. The provider told us training had been provided but they had not retained certificates or kept their training records up to date and they would improve in these areas.
- Records showed staff did not always receive regular supervision with their line manager to review their performance, people's needs and training. The provider told us not all staff required regular supervision as they did not always work regularly, although systems were always not in place to monitor this.
- The provider checked staff followed best practice through observations, although these were infrequent, taking place around once a year. The provider also lacked a reliable system to monitor the frequency of staff observations. The provider told us they were planning to increase observations for all staff and improve their monitoring.

The provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; Staff working with other agencies to provide consistent, effective, timely care; helping people live healthier lives, access healthcare services and support

- The provider assessed people's needs before they began receiving care from the service. Assessments included people's backgrounds, health conditions and what they wanted to achieve from their care. The provider also reviewed any available professional reports as part of their assessment.
- The provider reassessed people each year to ensure their care plans continued to meet their needs. When people's needs changed the provider requested social services reassess their needs to ensure their care remained suitable.
- Some people made their own arrangements to see healthcare professionals involved in their care and the provider supported others in line with their care plans.

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

- Staff supported some people by preparing or reheating light meals according to people's preferences, including any cultural needs they might have.

- For some people staff recorded their intake of food and drink in line with guidance from healthcare professionals.
- Staff followed any guidance from professionals regarding people's eating and drinking needs and this guidance was clearly recorded in care plans for staff to follow.

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 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 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.

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. At the time of our inspection this did not apply to anybody using this service.

- People were supported to have maximum choice and control of their lives and were supported in the least restrictive way possible.
- Staff did not always receive training in the MCA and staff we spoke with were unclear about their responsibilities in relation to the MCA. The provider told us they would review staff training in relation to the MCA.
- The provider assessed people's mental capacity in relation to their care where necessary, although this had not been necessary at the time of our inspection. The provider and staff told us people had full capacity.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 were positive about staff and chose to remain with the service due to their good relationships with their care workers. Comments included, "She's very kind and talks to me nicely", "I can't fault [the regular carer] she is brilliant! She knows mum very well", "Her regular carers are caring" and "He's not at all rushed."
- People received consistency of care from the same care workers each day. A relative told us, "There used to be lots of staff changes before but not since January."
- Staff enjoyed their roles caring for people and gave us examples of how they met people's diverse needs.

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

- Staff supported people to make decisions about their care, including decisions about when and how they received personal care, choice of clothes and food. Staff did this through understanding people's preferences and through discussions.
- People's overall wishes about the care they received were recorded in their care plans for staff to follow and were kept under review.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with respect and cared for them in a way which maintained their dignity and privacy.
- Staff gave us examples of how they maintained people's privacy and dignity.
- Staff supported people to maintain their independence and encouraged them to do as much as they wanted to in their daily lives.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that services met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question remained the same. This meant people's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and to give them choice and control

- At the last inspection we found people's care was not always responsive to their needs as people did not always receive care at the agreed times. At this inspection we found the service had improved for some, but not all. Four out of six people we spoke with were not satisfied about their calls and did not feel these were provided according to their agreed care plans. Two of them told us about issues with lateness and the other two people had experienced missed calls. We discussed these issues with the provider who told us they were reviewing these issues and how to improve.
- The service was much smaller than previously as the provider ended their contract with a local authority and everyone they currently cared for chose to remain with them. We found the provider was better able to meet the needs of a smaller number of people.
- People's care plans were sufficiently detailed, up to date and reflected the care they wanted. People told us staff followed their care plans so they received the right care and they were involved in care plan reviews.
- People's needs and preferences were set out in their care plans, including those related to protected equality characteristics such as age and disability.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was adhering to the Accessible Information Standard principles. The provider recorded details about any communication impairments and people's preferred methods of communicating. The provider told us they would produce information in a variety of formats if requested.

Improving care quality in response to complaints or concerns

- People were informed how to complain and had confidence the provider would respond to any complaints appropriately. The local authority told us they were receiving less concerns since the provider reduced in size.
- Complaints records showed the provider investigated and responded to concerns raised.
- The provider reviewed complaints regularly to identify any patterns and improve the service.

End of life care and support

- The provider told us they rarely provided end of life care to people. However, the provider told us they

would work with people and other healthcare professionals to plan and deliver end of life care when needed.

- Some training was available for staff on how to provide good end of life care.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality care.

Continuous learning and improving care; Managers and staff being clear about their roles, understanding quality performance, risks and regulatory requirements

- The providers systems to monitor and improve the service were insufficient as they had not identified and resolved the concerns we found regarding staff training and supervision, lateness and missed calls. At our last inspection we found the provider did not always inform people when their carers were running late and what the arrangements for cover were. At this inspection we found the provider had not improved sufficiently as three people told us they were not informed when their care workers were late or when their usual care worker could not attend the visits.

The provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At our last inspection we found the provider did not understand their legal responsibility to tell us promptly of events or incidents involving people. At this inspection we found the provider had improved and had submitted the required notifications to us. This helped us to check that the provider took appropriate action to ensure people's safety and welfare.
- The service was led by an experienced registered manager who was also a director of the company. People and relatives were positive about the leadership and management of the service.
- The provider displayed the rating awarded at their last CQC inspection on their website. This was important as it helps inform people about the quality and safety of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 provider planned people's care openly and in partnership with them and their relatives, ensuring care was centred on individual needs. The provider checked people were satisfied with their care through regular review meetings.
- The provider apologised to people and their relatives if investigations found people did not receive the right standard of care.
- The provider held regular staff meetings where they engaged and communicated with staff about service developments.

Working in partnership with others

- A commissioner at the local authority told us their previous concerns were reduced as the provider was providing care to less people.
- The service communicated with external health and social care professionals to ensure people received the care they needed.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's systems and processes to assess, monitor and improve the quality and safety of the service were not established and operating effectively.</p> <p>Regulation 17(1)(2a)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The responsible person did not always ensure staff received appropriate training, supervision and appraisal to enable them to carry out their duties.</p> <p>Regulation 18(2a)</p>