

Lima Homecare Limited

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Inspection report

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29 January 2019
26 February 2019

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Lima Care is a domiciliary care agency. It provides personal care to adults living in their own homes in the community. Not everyone using a domiciliary care agency receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

People's experience of using this service:

People and their relatives told us they felt the service they received from Lima Care was safe, and their experiences were positive.

People were protected from harm by staff who had been trained and were confident in recognising and reporting concerns. Potential risks to people were assessed and guidance was in place to minimise them.

There were enough staff to ensure people's needs were met safely. They had been trained and had the right skills to meet people's needs effectively. They were well supported and had information to meet people's assessed needs.

People were supported to manage their medicines because staff had been trained to do so safely. Staff had the right equipment and followed effective processes to prevent the spread of infection.

Where required, staff supported people to have enough to eat and drink. They supported people to access to healthcare professionals when required to help maintain their health and well-being.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People and their relatives were fully involved in making decisions about their care and support and planning and reviewing care plans.

People told us staff who supported them were caring and friendly. Staff respected and promoted people's privacy, dignity and independence.

Information in people's care plans supported staff to deliver person-centred care that met people's needs. The registered manager worked in partnership with other professionals to ensure that people received care that met their needs.

There was a system to ensure people's views were recorded, investigated, and acted upon to reduce the risk of recurrence of any concerns. Audits and quality monitoring checks were carried out regularly to continually improve the service.

Rating at last inspection:

This was the first rated inspection of this service.

Why we inspected:

This was a planned inspection.

Follow up:

We will continue to monitor all information we receive about the service and schedule the next inspection accordingly.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our findings below.

Good ●

Is the service well-led?

The service was well-led..

Details are in our findings below.

Good ●

Lima Homecare Limited

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector carried out this inspection.

Service and service type:

Lima Care is a domiciliary care agency. It provides care to people living in their own homes. The service provides personal care and support to adults. There were 45 people using the service at the time of the inspection.

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:

We gave the service 48 hours' notice of the inspection site visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure they would be in to support the inspection.

Inspection site visit activity started on 29 January 2019 and ended on 26 February 2019.

What we did:

Before the inspection, we looked at information we held about the service including notifications. A notification is information about events that registered persons are required to tell us about. We checked the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also spoke to the local authority commissioning team to seek their views about the quality of the care provided by Lima Care.

We used this information to plan the inspection.

We visited the office location on 29 January 2019 to see the registered manager and care staff; and to review records. At this visit, we spoke with the registered manager, the care manager and four care staff. We looked at care records for four people, three staff records and records related to the management of the service.

Between 30 January 2019 and 26 February 2019, we reviewed additional information sent to us by the provider and contacted eight people who use the service and their relatives by telephone to seek their views.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with how staff supported them. One person said, "Oh yes, I really do [feel safe]; they are really good."
- Staff knew how to keep people safe because they had been trained on this. They were able to tell us how they should report concerns to the registered manager and to the local authority.
- One staff member told us, "It is our job to keep people safe; at the end of the day, we are there to help people stay safe in their own home. I would always report anything that concerned me about their safety and welfare."

Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being were assessed and measures were put in place to reduce the risks as far as possible.
- The registered manager told us that staff worked closely with other professionals to reduce risks related to people's care needs, such as assessing to make sure people had the right equipment to support safe moving and handling.
- One relative confirmed this when they said, "They (staff) think about safety and doing things in the safest way. They got experts round to help get the right equipment."
- People's homes had also been assessed to identify and minimise any hazards that could put them or staff at risk of harm.

Staffing and recruitment

- The provider had a safe recruitment process to help make sure staff employed by the service were suitable. This included checks such as references and disclosure and barring checks that were carried out before people started work. This kept people safe because it helped the registered manager make sure that only suitable staff were employed.
- There were enough staff to support people safely.
- Most people told us staff arrived on time and stayed for the planned length of the care visit.

Using medicines safely

- People told us they had been supported well with their medicines.
- Medicines people took had been recorded on a medicine administration record (MAR). This enabled the service to show that people had been given their medicine as prescribed by professionals.
- The provider had recently identified some concerns about the accuracy of MARs. They addressed this by appointing a manager with lead responsibility for medicines, who was developing a management and audit system to support improvements. The recent results of medicine audits showed the new system was

supporting an improvement, and there was clear action taken to address any ongoing shortfalls.

Preventing and controlling infection

- People told us they were protected against infection because staff wore gloves and aprons when required.
- Staff told us they were trained in infection prevention and control. They also confirmed they had enough disposable gloves and aprons.

Learning lessons when things go wrong

- There were systems to ensure incidents or accidents involving people using the service or staff were managed effectively. Staff knew they needed to inform the registered manager of any incidents that occurred.
- Records showed the registered manager reviewed this information and took appropriate action to ensure everyone was safe.
- Measures taken to reduce the risk of recurrence included updating risk assessments and making referrals to other professionals to assess people.

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

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; ● The service was meeting people's needs effectively and in line with current good practice guidance.

- People and their relatives confirmed this, and one person said, "They are absolutely brilliant; I couldn't ask for more. Really superb. They are well trained and absolutely know how to support me."
- People's needs were regularly assessed and reviewed to ensure they received effective care.
- People had detailed care plans which showed how their needs, choices and preferences would be met by staff. These were updated when necessary.

Staff support: induction, training, skills and experience

- People and their relatives said staff were good at their jobs. One relative said, "They know what they are doing. The office staff always make sure to send a worker who knows [my family member's] needs well, so if there is a new worker, they will learn what to do."
- Staff were given training to gain the skills needed for them to support people effectively.
- Staff told us about the induction and training they had completed. One staff member said, "We get very thorough training. The induction included the office, policies and so on, but also getting to know the people you would be supporting by shadowing experienced colleagues. There was no pressure to work alone until I was ready."
- Staff told us they were supported in their work through regular supervision and more informal contact with the management team. One member of staff said, "It's all really hands on. [The management] are always there to support us, and respond quickly if we ask for advice."

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

- Not everyone was supported by the service with their food and drinks.
- People who were supported by staff said this had been done well.
- A member of staff said that even if they did not officially support people with eating and drinking they would, "Always make sure people had a drink and say, some biscuits at hand, especially if they could not get this for themselves."

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

- Staff did not routinely support people to attend health care appointments as relatives or friends would usually do this.
- However, staff told us they ensured people had the support they needed if healthcare was required. For example, staff told us, and records confirmed, that staff contacted the office if they felt a person needed to

see a doctor or a district nurse.

- The registered manager and staff also worked closely with other professionals when required to ensure people received consistently effective care.

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 with appropriate legal authority.
- We checked whether the service was working within the principles of the MCA and found these were met. Records showed all the people receiving personal care had capacity to make day to day decisions and had given consent to their care support.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People received care from staff who were kind and compassionate. One relative said, "They are lovely. My [relative] was worried about a recent change in carers, but after they came, we found they were absolutely lovely and there was nothing to worry about."
- Staff spoke passionately about offering kind care that was sensitive to people's differences. One member of staff said, "It's so important to remember that everyone is different and has had different experiences, so they like us to do things the way they are used to. It is their home after all; and their life. Tiny things can make a really big difference to what the care is like for them."

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

- People and relatives told us they were supported to make decisions and choices about how they wanted to be supported by staff.
- Care plans had been developed together with people and where required, their relatives and other professionals.
- One relative said they had been concerned when a male carer was sent to provide personal care for their relative. However, when this was raised with the registered manager, they arranged for the person to be supported by female staff only in future.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us that staff supported people in a respectful manner. One relative said, "yes, I would say they are very respectful"
- People and relatives told us staff protected their privacy and dignity, particularly when providing personal care. No one had any concerns about this.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

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

- People's care and support needs were being met by the service in a person-centred way and people confirmed their care plans reflected their needs and preferences.
- We saw that people's care was regularly reviewed and they were involved in this process, as were their relatives where needed.
- Staff knew people's needs well and were able to explain how they liked their care to be provided. People and their relatives confirmed this. One relative said, "They know exactly how [family member] likes to be approached and they always check they are getting it right. They become like family, they know [them] so well."

Improving care quality in response to complaints or concerns

- The provider had a system to manage people's concerns and complaints.
- The complaints procedure had been given to people, but the provider had not received any complaints in the 12 months prior to the inspection.
- The registered manager used care reviews, visits to people's homes to check staff practice and surveys to ask for people's feedback about the service.

End of life care and support

- No one supported by the service required end of life care and therefore, the registered manager had not added this information in people's care plans.
- The registered manager said that, in most instances, healthcare professionals would most likely take the lead in developing care plans in relation to people's end of life needs when the time came.
- We discussed with the registered manager that they needed this information for everyone they supported (who consented to giving it) so that staff knew how people wanted to be supported at the end of their lives. They told us they would add this to people's care plans as soon as possible.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care.

- The provider and the registered manager promoted a person-centred culture within the service, based on high standards of care and fair conditions for staff.
- The management team and staff had a good understanding of their role. The registered manager told us they had recruited carefully to ensure staff with the right skills and attitude were appointed.
- Staff spoke passionately about their work and were very positive about the provider and their values.
- Staff told us they had good support to carry out their roles well and they knew the standards expected of them. One staff member said, "They are really supportive of people and they look after staff well too. It helps you do a better job when you know they listen and sort things out for people and for us too."
- The registered manager was keen to develop staff roles and responsibilities. Staff who showed good skills or an interest in an area of care were supported to take a lead role in it. In this way, the management were using staff skills well and enabling them to take responsibility for the positive development of the service.
- The registered manager promoted an open and transparent working environment. Staff told us they felt comfortable with the registered manager's approach, and that they regularly discussed areas for improvement.
- The provider and the registered manager carried out regular audits and spot checks on staff. This meant they could identify areas of the service that required improvement, and make those improvements in a timely way.
- When necessary, the registered manager sent notifications to the Care Quality Commission as required by law.

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

- People and relatives said communication with staff and the registered manager was good. One relative said, "They communicate. That is what makes them good. I know if a carer is running late they will always ring me. Not that it happens often, but if it does."
- Staff told us the same. One member of staff said, "They are quick to get back to me if I have a worry. For example, if I'm running late, or if I need them to get the doctor out for someone I'm worried about. Ten minutes later they will ring me back and it's all sorted."
- We saw that the provider had several ways for people or relatives to provide feedback about the service,

including care reviews, spot check visits and quality monitoring telephone calls. Where people raised concerns, we saw the registered manager had reviewed this and taken action where possible.

- Staff told us they were kept informed of issues relating to the service through a closed group on a social media website and through regular newsletters, staff meetings and by dropping in to the office, which was encouraged by the registered manager.

Working in partnership with others

- The service worked in partnership with health and social care professionals who were involved in people's care. This ensured everyone could check that people consistently received the support they required and expected.