

Limitless Home Care Ltd

Limitless Home Care

Inspection report

144 Calder Drive
Walmley
Sutton Coldfield
West Midlands
B76 1GG

Tel: 01213511321

Date of inspection visit:
22 May 2019

Date of publication:
20 June 2019

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: Limitless Home Care Limited is a domiciliary care service which is registered to provide personal care to people in their own homes. Staff provide personal care and support to people at pre-arranged times. There were 20 people receiving care and support on the day of the inspection.

People's experience of using this service:

Staff understood how to protect people from the risk of harm. People had not experienced any missed calls. People received care from a consistent team of staff. People received their medicines as needed.

People's consent to care was sought and they were happy with the support they had with their meals and risks related to people's dietary needs were known.

Recruitment processes were in place to ensure staff were safely recruited. Staff wore aprons and gloves to prevent the spread of infections. Systems were in place to analyse any accidents or incidents for patterns and trends.

Staff knew people well and had received training which provided them with the skills to support people safely and effectively. Staff felt supported in their role and were kept up to date with changes in people's care needs.

People, staff and relatives were positive about the service, their views were sought and reflected positive experiences. The provider carried out regular checks and audits on the service to ensure people received a good service.

Rating at last inspection: This was the first inspection since the service registered in July 2017

Why we inspected: This was a planned inspection which took place on 22 May 2019.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

The service was safe

Details are in our Safe findings below

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-led findings below

Good ●

Limitless Home Care

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:

The inspection was carried out by an inspector and an assistant inspector.

Service and service type:

Limitless Home care Limited is a domiciliary care service.

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 service, and the manager is often out supporting people. We needed to be sure that they would be in.

We visited the service on 22 May 2019 to see the registered manager and to review care records and policies and procedures. We made telephone calls to people and relatives on 21 and 22 May 2019.

What we did:

When planning our inspection, we reviewed any information we had received about the service. We also contacted the local authority for feedback about the service. We used this information to help us decide what areas to focus on during the inspection.

During the inspection, we spoke with the registered manager who is also the registered provider, the senior care assistant and three care staff. We also spoke with three people who used the service and seven relatives. We looked at three people's care records to see how their care and support was planned and

delivered. We also looked at medicine records, staff recruitment and training files, policies and procedures and the provider's quality monitoring systems.

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 staff and were happy with the support they received. One person told us, "Yes I do feel very safe, the staff are excellent."
- Staff confirmed they had completed safeguarding training. Staff were confident people were treated with kindness and told us that they had not had reason to raise concerns but were confident about raising concerns with the registered manager if they needed to.
- The registered manager told us that they understood how to report any concerns to the local authority and to any relevant professionals if they needed to.

Staffing and recruitment

- People said that staff were available to them at the agreed and scheduled times.
- The provider showed us and talked through with us their system for scheduling calls electronically. We saw that this ensured that staff were allocated enough time for the call and to travel to their next call. Staff logged into and out of calls and close monitoring took place to ensure people received their calls as agreed. When we spoke with people they all confirmed that they had not experienced any missed or late call.
- Staff recruitment records showed that the appropriate checks had been carried out prior to the staff member starting work at the service.

Assessing risk, safety monitoring and management

- Risks to people's safety had been assessed and care plans provided the information staff needed to keep people safe. Risks in relation to one person's medicine was known by staff and measures were in place to manage the risk. However, records did not include all this information. The registered manager told us that the care records would be updated to include this information.
 - Staff told us how they identified potential risks in people's homes and steps taken to mitigate these risks. Such as, trip hazards.
- Staff told us that equipment was in place to keep people safe, for example to prevent sore skin.
- Staff told us that any changes in people's care needs would be reported immediately. We saw that daily notes were recorded to show any changes in people's wellbeing.
 - Staff were confident about dealing with an emergency and they told us that they were supported by the registered manager on call if they needed support.

Using medicines safely

- People told us they had received their medication as prescribed.
- Staff told us they felt confident providing support with medication and they had training in the safe administration of medicines.

- Audits showed that Medicine Administration Records (MAR) were checked to ensure people received their medicines as prescribed.

Preventing and controlling infection

- People were protected from the risk of infection because staff had access and wore personal protective equipment (PPE). People we spoke with confirmed that staff wore gloves and aprons when required.

Learning lessons when things go wrong

- At the time of the inspection there had been only one incident at the service. The registered manager understood the importance of ensuring lessons were learnt and shared when incidents or errors had occurred.

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

- People told us they were in control of their day to day care and staff listened to and acted upon their choices and preferences.
- People were complimentary about how their needs had been met. One person told us, "They [staff] are doing everything I asked for and more."
- Relatives told us that they had been involved in the initial assessment of people's needs prior to using the service and they told us they were updated with any changes.
- Care plans contained information about how people's needs should be met. Staff told us that they had time to read people's care plans and were kept up to date with any changes in people's needs.
- The registered manager told us the assessment process included looking at mobility aids or equipment needed to manage people's needs effectively. Appropriate referrals were made to other agencies to provide the equipment.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills to meet their needs. People and relatives told us they thought staff were competent and supported people safely.
- Staff completed an induction when they first started which included working alongside more experienced staff. A staff member told us that the training they had completed was, "Interactive and explained thoroughly." Another staff member told us the training was very good they said, "You can ask any questions during the training, you don't feel embarrassed."
- The registered manager told us that the induction and training of staff was flexible and could be adapted to the individual staff member. For example, a staff member had requested additional moving and handling training, and this was provided.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us they were happy with the support provided with their meals and accessing drinks. Relatives told us they were happy with the support their relatives received to maintain a healthy diet and did not have any concerns.
- Staff were aware of people's specific needs in relation to eating and drinking. Where the dietician was involved in people's care, staff were aware of the guidelines they needed to follow so people received safe support.
- Staff told us, and relatives confirmed to us that any concerns or changes in a person's health and well-

being were communicated effectively.

- People and relatives, we spoke with confirmed that staff contacted healthcare professionals when required in support of people's wellbeing.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.
- People told us that they were supported by staff to make decisions for themselves about their preferred routines.
- Staff understood MCA legislation and the importance of gaining consent from people before providing 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 we spoke with consistently told us that they were treated with kindness and gave positive feedback about the caring approach of staff. One person told us, "The staff are very thoughtful. They do some of the little and important things for you. I had some lovely flowers in a vase and they even thought to freshen them up and change the water in the vase. That meant a lot to me."
- Relatives also complimented the approach of staff. One relative said, "I think the owner selects the staff very carefully. They have a good understanding of [person's names] needs. I can't fault them."
- Staff told us they enjoyed working with the people they supported and told us that they treated people as an individual and had got to know people's individual needs and interest. Staff could tell us what people enjoyed doing and what their personal hobbies and interest were.

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

- People told us that they were given choices and their preferences were known by staff and respected. A person told us, "They always ask me first before they do anything."
- Staff we spoke with demonstrated they understood the importance of ensuring people were able to make their own choices regarding their care and support.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible. Staff explained how they promoted people's independence by ensuring they were aware of what the person could do for themselves encouraging this and providing support where required. One person told us, "The staff are patient and don't rush me at all. I am able to walk, and they encourage this and let me take my time."
- People and relatives told us that staff respected their privacy and dignity and staff demonstrated they understood how to ensure this was done and the importance of 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 received individualised care and support from staff that demonstrated knowledge of people's individual needs.
- People's needs had been assessed with the involvement of them and their relatives. A relative told us that the service was flexible and when their relatives needs changed the care was adapted to meet the persons change in needs. Another relative told us, "They keep detailed records at the house and they update the records with any changes."
- People directed their care daily and they told us, staff were responsive to any required changes. One person told us, "The staff are patient and kind and always ask me first before they do anything." Records we viewed showed that care plans were person centred and included people's likes, dislikes and preferences.
- Staff we spoke with confirmed people's care plans provided the information they needed to meet people's needs.
- We spoke with the registered manager about providing information in suitable formats such as large print and pictorial to ensure that the service complied with the Accessible Information Standards (AIS). The registered manager told us they were aware of these standards and information would be provided in a suitable format.

Improving care quality in response to complaints or concerns

- People and relatives told us they had not needed to make a complaint or raise concerns but knew how to and would feel comfortable doing so. A relative told us that all the care staff were good. However, they wanted a smaller team of care staff coming into their relative to provide the care. They spoke with the registered manager about this and this was actioned.
- The service had received no written complaints, but the provider had a system in place to ensure any complaints received would be logged, investigated and responded to and any learning used to improve the service provided.

End of life care and support

- The service was not currently supporting anyone who was receiving 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

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

- The service promoted person centred and high- quality care. Governance and quality assurance systems were in place to monitor the quality of the service.
- People and relatives spoke positively about the service, explaining they felt it was well-led and would recommend the service. A relative told us, "I have been so pleased with the service I have recommended the agency to other people." Another relative told us, "We are really pleased with everything. The staff go above and beyond."
- Staff told us they felt supported in their role and regular meetings took place. Staff told us they discussed practice and areas for improvement during these meetings.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a registered manager in place. People, staff and relatives spoke highly of the registered manager. A relative told us "[Registered manager's name] is really on top of things. They run things very well and select the staff carefully."
- Staff were complimentary about the registered manager. Staff told us that they were well supported in their role and were clear about what was expected of them. A staff member told us, "They [registered manager] are always available to support us."
- Staff had been informed about whistle blowing procedures and were confident to use these if they had any concerns.
- There were systems in place to drive improvement by monitoring and assessing the quality of the service. This included an electronic system for the scheduling and monitoring of all care calls.
- We discussed with the registered manager some minor areas for improvement for example, more detail on people's medicine management risk assessments and some additional information on a person's nutritional care plan. The registered manager told us that they would make these improvements.
- The registered manager was aware of their responsibility to notify us of incidents that occurred at the service. At the time of our inspection no incidents had taken place that required reporting.

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

- A resident and relatives' questionnaire had been completed in December 2018 and we saw many positive

comments were made about the service.

- Staff told us that they felt well supported by the provider. One staff member commented, "I have found my dream job." Another staff member commented, "I have come into a nice team it is warming."
- Staff received thanks and recognition from the provider for their achievements.

Continuous learning and improving care: working in partnership with others

- The registered manager told us that they kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes. This included accessing on-line guidance and information, for example, the CQC website.
- The management team had established good links with healthcare professionals, which people benefited from.