

Limitless Care Ltd

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Inspection report

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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

Limitless Care Limited is a small, family-run domiciliary care agency providing personal care to people in their own houses and flats in Huddersfield and surrounding areas. Six people of different ages were using the service at the time of the inspection.

People's experience of using this service and what we found

People's experience of using the service was very positive. People and relatives praised the personal touch and supportive approach this small team adopted in their care. Comments included, "You could not meet a nicer couple of people", "They are amazing" and "When Limitless stepped in, I was struggling, they rescued me."

Very positive examples of care had been achieved by the service. The provider was dedicated to making a difference for people and their relatives, to welcome and respect their diversity and support people's independence for as long as possible. To help the service going forward to exceed the characteristics of good with consistency, some development was needed. Particularly in a growing service, some record-keeping and governance systems needed to be developed. We made a recommendation regarding risk assessments and related record-keeping.

People were supported by a reliable, consistent staff team that knew their needs well. Care plans supported this and explained people's needs, preferences and backgrounds. We considered that at times staff's good person-centred knowledge could be reflected in more detail in care plans.

Through current hands-on involvement of managers in peoples' care and working in a small team, communication with people, relatives and staff was well supported and effective. People and relatives told us they had no reason to complain and that managers had resolved any issues they had raised.

Staff worked effectively in partnership with people, relatives and other professionals to achieve good outcomes. People were supported to have maximum choice and control of their lives and staff supported /did them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection

This service was registered with us on 22 February 2019 and this is the first inspection.

Why we inspected

This was a planned visit in line with our inspection programme.

Follow up

We will continue to monitor information we receive about the service until we 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?

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 Care Ltd

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. We also needed to check with people or their legal representatives whether they would be happy for us to visit them at home. Inspection activity started on 20 February 2020 and ended on 21 February 2020. We visited the office location on both dates.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority. The provider had not been asked to complete a Provider Information Return (PIR) before our inspection. 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. We used all of this information to plan our inspection.

During the inspection

We visited people in their own homes and spoke with two people who used the service and three relatives about their experience of the care provided. We spoke with the four members of staff working at the service, including two care staff and the providers, who are also the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and quality assurance procedures, were reviewed.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people's health and safety had been assessed on an individual basis, to help staff keep people safe. On occasion, review of these had not been completed in line with dates identified by the service, although most people's support had only commenced recently.
- Staff were aware of how to keep people safe, which was supported by relevant care plans. On occasion, risks needed to be reflected in other parts of people's care plan, to provide clear and consistent information for staff. For example, an assessment for one person effectively identified they were at risk of falls, however this was not noted in their support plan.

We recommend the service develops its risk assessment processes, to ensure reviews are timely, as well as effective, and information for staff on how to keep people safe is clear and up-to-date .

Systems and processes to safeguard people from the risk of abuse

- Staff understood safeguarding responsibilities, which helped to protect people from the risk of abuse. Staff had confidence in managers to address any concerns.
- People felt safe with the support from staff. A family member told us, "[Relative] is safe with the care staff, they are too happy with them! They know what time staff will be coming and look forward to it."
- The registered manager worked in partnership with the local authority to discuss, and investigate if needed, any concerns raised.

Staffing and recruitment

- People were supported by a consistent staff team who provided care calls at reliable times.
- New staff had been recruited following employment checks, which helped ensure applicants were suitable to work with people using the service. We clarified that applicants needed to complete a full employment history, as opposed to the five-year history requested. However, appropriate references had been obtained to help ensure staff were of good character.

Using medicines safely

- Staff supported people with their medicines safely, so people received their medicines correctly and at the right time.
- A relative complimented staff's support and told us, "If I got a problem, they are so helpful. A few weeks ago, I was ill, so they went and picked up the medicines for [relative]. Nothing is a problem."

Preventing and controlling infection

- Staff supported people to maintain their personal hygiene and keep their own homes clean and hygienic.
- Personal protective equipment, such as gloves and aprons, was available for staff to use in people's homes.

Learning lessons when things go wrong

- There had only been one recorded accident, which was not linked to staff support. Managers had nevertheless reviewed this and acted together with the person and their relatives, to help keep the person safe and prevent recurrence.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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 had helped people and their families to achieve positive outcomes. With this support one person had been able to return to live with their family, instead of in a care home.
- People's needs were assessed before they started using the service. Care plans based on this reflected people's desired outcomes. For example, plans described how to support people to remain independent, living in their own homes, for as long as possible. Care plan development to detail personalised, successful approaches to achieve these outcomes was ongoing.

Staff support: induction, training, skills and experience

- Staff felt well supported and were guided effectively in their role through induction, training and regular supervision. Both staff and the provider suggested additional training when they felt it was needed, to consistently develop staff knowledge and meet specific needs of people using the service.
- Relatives complimented the induction for new staff, which provided consistency. One family member told us, "All the staff have been really good, we get the same ones. If there is someone new they train them, they come together with someone we know."

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

- Staff supported people to eat and drink well. Staff encouraged people to try something new, to help people have a more varied, balanced diet.
- Staff were aware and respectful of people's specific dietary requirements and supported them effectively.

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

- Staff supported people to see a health professional when they needed to. One relative said, "They go out of their way to support [name] – they had an appointment at the hospital and staff took them at my request."
- Staff worked in partnership with external professionals, such as district nurses, when people had specific health needs. Staff were aware of signs of changing health to look out for and when to call somebody about them. We discussed the need for health-related care plans to be reviewed so that staff had clear information on people's health needs.

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. 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. We checked whether the service was working within the principles of the MCA and found that they were.

- Managers understood their obligations under the MCA. There were no current applications to the Court of Protection in place or noted as required.
- Staff supported people's rights to make decisions under the MCA. People's consent and that of their representatives, in respect of their support plans, had been had been recorded in the care files kept in people's homes.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Staff treated people with dignity and respect. People and relatives were very happy with the care provided and we received consistently positive comments. One person said, "I cannot grumble. If I want any shopping, they get it for me, you could not meet two nicer people". Another person told us they liked staff calling them by a particular name. They felt well looked after and said about the staff, "I like them all."
- Relatives were very complimentary about the service and the difference it made. They told us, "The staff show they are here. They will joke around, talk to my [relative] - not just feed and bathe, always talking with them - which makes them happy. They give us respect and we give it back" and "They put themselves out of their way to help me."
- People and relatives were complimentary about the close, personal approach to care the service was able to provide in its current setup. Staff praised the positive atmosphere and working relationship with people using the service. We considered with the registered manager how this strong caring ethos could be maintained and continued in a growing service, for example through the continued development of detailed person-centred plans.

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

- People and relatives felt involved in decisions over their care and the planning of it. A relative told us, "[Registered manager] involved me and [my family member] in writing the care plan."
- People had a copy of their care plans within their homes. Their agreement to the plans, as well as that of their representatives, had been recorded. Care plans promoted people's involvement in decisions and described their support needs, while also highlighting what people were able to do for themselves.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy, dignity and independence. People, relatives and staff gave us examples of how people were supported respectfully in particularly sensitive situations. One person told us, "They know me well and how to look after me. They are there when I need them."
- Care focused on people's wishes to remain as independent as possible. A relative said, "My [family member] is fiercely independent - they want to remain in their own home for as long as possible and staff help them with that; when the time comes they can do less for themselves, I am sure staff will help them with that as well."
- Language used in care plans was respectful of people and their confidential records were stored securely in lockable offices.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care was person-centred and responsive to their individual needs and circumstances. Family members told us, "The carers [relative] had before could not help any more. When Limitless stepped in, I was struggling, they rescued me" and "They were recommended to us and they are just what we needed at the time."
- People's care and support plans gave staff guidance on how to meet people's needs, but development of person-centred detail was ongoing. Plans included insightful personal profiles of backgrounds, preferences, life histories and goals. When people's support had changed, this needed to be reflected in people's plans more consistently; for example when call times had changed as a result of the service being responsive to people's changing circumstances.

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.

- Staff supported people's communication and understanding needs effectively. Relatives commented positively about this.
- A service user guide was being developed, to make important information available for people in different formats. People and relatives confirmed that the registered manager had explained their support at the start of the service, in a way that was easy for them to understand.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff understood the role their visits and care played in reducing people's social isolation. The provider told us, "We paint a picture for staff to understand - some of our service users have nobody, when we come out we want to leave them in a better way than we found them in."
- Care plans detailed who was important for people to keep in touch with and how to support this. Relatives praised staff's working to engage and stimulate people's moods, rather than simply completing tasks.

Improving care quality in response to complaints or concerns

- People and relatives knew how to make a complaint. Those we spoke with told us they had had no reason to complain. One relative said, "If I have any concerns, I only need to speak to [registered manager] once, and it is sorted."

- The registered manager was investigating some recently received complaints and liaising with the local authority regarding these.

End of life care and support

- At the time of inspection, nobody using the service was receiving end of life care.
- Decisions by people not to be resuscitated had been recorded where appropriate. Care plans asked about people's wishes at the end of their life and this was being developed.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service's culture was person-centred, open, inclusive and empowering. The service and its small team were led by the registered manager and the nominated individual, who focused on a culture of person-centred, personal touches. The registered manager explained, "We have a positive relationship with our service users. To put a smile on their face, that has been rewarding."
- Staff welcomed, promoted and supported people's diversity. Staff's openness and positive attitude toward people's diverse needs was assessed at recruitment stage.

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

- The registered manager and provider understood their regulatory requirements.
- Staff were clear about their responsibilities for people's care and support. As highlighted within this report, a few aspects of risk assessment and person-centred record-keeping needed to be reviewed. This was to ensure staff continued to have the right, up-to-date information to provide safe, person-centred care.

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

- The service involved people, relatives and staff in its delivery and development. As managers carried out care calls themselves, they met people and spoke with their relatives regularly, to ask their thoughts and opinions. A satisfaction questionnaire had been sent out and the two responses received were entirely positive.
- People and relatives felt well informed and praised manager's effective communication. Their comments included, "I feel well supported - it is peace of mind", "Their communication is really good, I can always talk to [registered manager], through message or directly. We can always find a way around any problems" and "I have met [registered manager] on several occasions. We can have a catch-up, if I got a problem."
- The small team had regular meetings, to keep each other up-to-date. Staff enjoyed the positive, supportive atmosphere of the service and told us, "[Registered manager and provider] are two of the best managers I have had. It is easy to talk to them. Before I never used to go into the office, I do now" and "It is nice company to work for, they are just good management."

Continuous learning and improving care; Working in partnership with others

- The service worked effectively in partnership with others to achieve good outcomes for people. Feedback

from local authority professionals was positive.

- The registered manager and nominated individual were continuously developing their learning, including through a local initiative for service leaders.
- The registered manager completed a monthly quality check of people's support, to help ensure call attendance and duration were reliable and people's care needs had been met.
- We considered that further audits, as planned in the provider's policy, would help to develop the service, particularly if expanding, for example through care plan audits.