

Mr John Toolan

The Local Care Agency

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

This inspection visit took place on 06 and 08 September 2016 and was announced.

At the last inspection on 29 August 2013 the service was meeting the requirements of the regulations that were inspected at that time.

The Local Care Agency is a domiciliary care service, providing personal care to people in their own homes within the Fleetwood and Poulton areas. The service provides support to people living in the general community and to people living in a supported living service. People in the supported living service receive care which aims to promote their independence. Support is provided to a wide range of people in the community, and also provides assistance for carers. The service operates seven days a week, and has out of hours contacts. At the time of our inspection visit The Local Care Agency provided services to 58 people.

There was a registered manager in place. 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 supported by the service in the community told us staff who visited them were polite, reliable and professional in their approach to their work. Comments received included, "I have never been let down in the ten years I have been with them. They always send someone else if my regular girl gets held up." And, "I am happy with all my girls. They know my routine and are polite and friendly with me. I haven't a bad word to say about any of them."

Two people who lived in a supported living house told us they were very happy with their support. One person said, "The staff are excellent. They listen and give me the help I need when I ask for it."

People we spoke with told us they felt safe. They told us they received patient and safe care and they liked the staff who supported them. They said staff were respectful, friendly and conscientious. One person said, "I know all my girls by name. They are all lovely and will do anything for me."

We found recruitment procedures were safe with appropriate checks undertaken before new staff members commenced their employment. Staff spoken with and records seen confirmed a structured induction training and development programme was in place.

Newly appointed staff received induction training completed at the services office base. This was followed by shadowing experienced colleagues until they felt safe to support people unsupervised. During the first day of our inspection visit we observed one recently appointed staff member completing their induction training at the services office.

Staff received training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and social needs.

We looked at how the service was staffed. Three staff members spoken with said they were happy with how their visits were managed. They told us they were allocated sufficient time to be able to provide support people required. Ten people supported by the service told us staff were reliable and very rarely late. One person said, "My girls turn up dead on time and stay with me for the time allocated. They are never in a rush."

Staff spoken with told us they felt well supported and enjoyed working for the service. When we undertook our inspection visit formal supervision sessions had recently been introduced and we saw records confirming staff had attended these.

The registered manager had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

Risk assessments had been developed to minimise the potential risk of harm to people during delivery of their care. These had been kept under review and were relevant to the care provided.

Care plans were in place detailing how people wished to be supported. People who received support or where appropriate their relatives were involved in decisions and consented to their care.

Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required. People told us they received their medicines at the times they needed them.

Staff supported people to have a nutritious dietary and fluid intake. Assistance was provided in preparation of food and drinks as they needed.

People who used the service and their relatives knew how to raise a concern or to make a complaint. The complaints procedure was available and people said they were encouraged to raise concerns. Where people had expressed concerns appropriate action had been quickly taken.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included satisfaction surveys, spot checks, house meetings and care reviews. We found people were satisfied with the service they received.

The registered manager and staff were clear about their roles and responsibilities and were committed to providing a good standard of care and support to people in their care.

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.

Recruitment procedures the service had in place were safe.

The provider had procedures in place to protect people from abuse and unsafe care. People we spoke with said they felt safe.

Assessments were undertaken of risks to people who used the service and staff. Written plans were in place to manage these risks.

There were processes for recording accidents and incidents. We saw that appropriate action was taken in response to incidents to maintain the safety of people who used the service.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people using the service.

Is the service effective?

Good 

The service was effective.

People were supported by staff who were sufficiently trained, skilled and experienced to support them to have a good quality of life. They were aware of the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink according to their plan of care.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required if they had concerns about a person's health.

Is the service caring?

Good 

The service was caring.

People who used the service told us they were treated with kindness and compassion in their day to day care.

People were involved in making decisions about their care and the support they received.

Is the service responsive?

Good ●

The service was responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

People were supported to maintain and develop relationships with people who mattered to them.

People knew their comments and complaints would be listened to and responded to.

Is the service well-led?

Good ●

The service was well led.

Systems and procedures were in place to monitor and assess the quality of service people received.

The registered manager consulted with stakeholders, people they supported and relatives for their input on how the service could continually improve.

A range of audits were in place to monitor the health, safety and welfare of people. Quality assurance was checked upon and action was taken to make improvements, where applicable.

The Local Care Agency

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 checked 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 visit took place on 06 and 08 September 2016 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service to people who lived in the community. We needed to be sure that we could access the office premises.

The inspection team consisted of an adult social care inspector.

Before our inspection on 06 and 08 September 2016 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people the service supported. We also checked to see if any information concerning the care and welfare of people supported had been received.

During our inspection we visited one supported living house and spoke with two people who lived there, one staff member who supported them and ten people who received care in the community. We also went to The Local Care Agency office and spoke with a range of people about the service. They included the managing director, registered manager, the services manager, liaison manager and three staff members providing care in the community.

We looked at the care records of five people, training and recruitment records of four staff members and records relating to the management of the service. We also spoke with the commissioning department at the local authority. This helped us to gain a balanced overview of what people experienced accessing the service.

Is the service safe?

Our findings

We spoke with people about the service they received and whether they felt safe in the care of staff who supported them. They told us they had the same group of staff who provided their care and they were familiar with their needs and preferences. Comments received included, "The girls who visit me are really nice, kind and compassionate. I feel completely safe in their care." And, "I am happy with all my girls. They know my routine and are polite and friendly with me. I haven't a bad word to say about any of them."

Care plans seen had risk assessments completed to identify the potential risk of accidents and harm to staff and the people in their care. The risk assessments we saw provided clear instructions for staff members when delivering their support. We also saw the service had undertaken assessments of the environment and any equipment staff used when supporting people. Where potential risks had been identified action taken by the service had been recorded.

The staff members we spoke with confirmed guidance was given to ensure they provided safe and appropriate care. One staff member said, "The people we support are important to us. We are trained to make sure we are supporting them safely."

We found the service had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen confirmed staff had received safeguarding vulnerable adults training. Staff members we spoke with understood what types of abuse and examples of poor care people might experience. The service had a whistleblowing procedure. Staff spoken with told us they were aware of the procedure. They said they wouldn't hesitate to use this if they had any concerns about their colleagues care practice or conduct. When we undertook this inspection visit there had been no recent safeguarding concerns raised about staff working for the service.

We looked at recruitment procedures the service had in place. We found relevant checks had been made before four new staff members commenced their employment. These included Disclosure and Barring Service checks (DBS), and references. A valid DBS check is a statutory requirement for people providing personal care to vulnerable people. We saw new employee's had provided a full employment history including reasons for leaving previous employment. Two references had been requested from previous employers. These provided satisfactory evidence about their conduct in previous employment. These checks were required to ensure new staff were suitable for the role for which they had been employed.

We looked at how the service was staffed. We did this to make sure there was enough staff on duty at all times to support people in their care. We looked at the services duty rota, spoke with staff and people supported with their care. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who used the service. Staffing levels were determined by the number of people supported and their individual needs. Staff members spoken with said they were allocated sufficient time to be able to provide support people required. One staff member said, "I don't drive so my visits are arranged locally to where I live. I am always given plenty of time to get from one visit to the next."

We spoke with ten people supported in the community. Everyone said their staff were punctual and reliable. Comments received included, "I have never been let down in the ten years I have been with them. They always send someone else if my regular girl gets held up." And, "I have the same group of girls and I get on well with them all. They know exactly what I need and they never fail to deliver."

We looked at the procedures the service had in place for assisting people with their medicines. Records we checked were complete and staff had recorded support they had provided people to take their medicines.

Staff employed by the service received medication training during their induction. Discussion with three staff members confirmed they had recently received refresher training to ensure they were competent to support people with their medicines. We spoke with ten people about management of their medicines. They told us they were happy with medication arrangements and received their medicines when they needed them.

Is the service effective?

Our findings

People received effective care because they were supported by an established and trained staff team who had a good understanding of their needs. People told us staff who visited them understood their needs and said they were happy with the care and support they received. Comments received included, "I know all my girls by name. They are all lovely and will do anything for me." And, "I haven't been with them very long but have found them very efficient. They all know what they are doing and they always arrive with a smile on their faces. I have become fond of them all."

We spoke with four staff members, looked at individual training records and the services training matrix. All recently appointed staff had been enrolled on the Care Certificate which is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. Existing staff had achieved or were working towards national care qualifications. Records seen confirmed training provided by the service covered a range subjects including safeguarding, Mental Capacity Act (MCA) 2005, moving and handling and first aid. This ensured people were supported by staff who had the right competencies, knowledge, qualifications and skills.

During the first day of our inspection visit we observed one recently appointed staff member completing their induction training at the services office. We saw they were issued with their identity badge and a copy of the services staff handbook and carers introduction manual. The senior carer conducting the induction then discussed the services procedures with the new employee. The senior carer told us arrangements had been made for the new employee to shadow experienced colleagues as part of their induction training.

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.

The registered manager demonstrated an understanding of the legislation as laid down by the Mental Capacity Act (MCA) 2005. Discussion with the registered manager confirmed she was aware of the process to assess capacity and the fact that it is decision specific. Staff spoken with demonstrated a good awareness of the code of practice and confirmed they had received training in these areas. They told us they understood procedures needed to be followed if people's liberty was to be restricted for their safety.

When we undertook our inspection visit formal supervision sessions had recently been introduced and we saw records confirming some staff had attended these. These are one to one meetings held on a formal basis with their line manager. Staff spoken with told us they felt well supported and enjoyed working for the service. One staff member said, "I live local to the office so I am always popping in and out. The managers are all helpful, friendly and supportive. I enjoy working for the service."

Care plans seen confirmed people's dietary needs had been assessed and any support they required with their meals documented. Food preparation at mealtimes was completed by staff members with the assistance of people they supported where appropriate. Staff told us people decided each day the meals they wanted. Staff spoken with during our inspection visit confirmed they had received training in food safety and were aware of safe food handling practices.

People who lived in the supported living house had self-contained flats and lived independently. Staff based at the house provided assistance with shopping where required and encouraged healthy eating. We saw one person had managed a considerable weight loss which they told us they were pleased about.

We saw people's care records included the contact details of their General Practitioner (GP) so staff could contact them if they had concerns about a person's health. We saw where staff had more immediate concerns about a person's health they accessed healthcare services to support the person. People we spoke with said their general health care needs were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments if needed.

People who lived in the supported living house were supported by staff to attend health appointments and collect their medication. The two people we saw at the house told us they were happy with the support they received. One person said, "The staff are excellent. They make sure I get to my appointments."

Is the service caring?

Our findings

People we spoke with told us they were treated with kindness and staff were caring towards them. Comments received included, "My girls are all brilliant. They provide my support with care and kindness." And, "My girls treat me like a mother. They spoil me rotten and I couldn't find a fault with any of them."

We spoke with two people who lived at the supported living house. They told us they were happy with the care provided. Comments received included, "The staff are excellent, they are there if I need them." And, "Really happy with the staff support. I like the staff."

We looked at the care records of five people and found a person centred culture which encouraged people to express their views. We saw evidence people had been involved in developing their care plans. This demonstrated people were encouraged to express their views about how their care and support was delivered. The plans contained information about people's current needs as well as their wishes and preferences. We saw evidence people's care plans were reviewed with them and updated as required. This ensured information staff had about people's needs reflected the support and care they required.

People told us they were satisfied staff who supported them had up to date information about their needs. They told us staff listened to them and their care was delivered in the way they wanted. One person we spoke with said, "I am very happy with my girls. They listen to me and provide my care how I want it. They are patient and kind with me."

Staff had an appreciation of people's individual needs around privacy and dignity. They told us respecting people's privacy was a high priority for the service. People supported by the service told us staff spoke with them in a respectful way and they were treated with dignity during delivery of their personal care. One person we spoke with said, "I was very nervous when I first started using the service and was worried I would be embarrassed when they showered me. They were brilliant with me. I cannot wait for them to visit now."

We saw the staff member on duty at the supported living house respected the privacy of people who lived there. We observed they knocked on the person's door and did not enter until they had been invited to do so.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered manager had information details that could be provided to people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Before our inspection visit we received information from external agencies about the service. They included the commissioning department at the local authority. The information provided helped us gain a balanced overview of what people experienced accessing the service.

Is the service responsive?

Our findings

We found assessments had been undertaken to identify people's support needs prior to the service commencing. A person centred care plan had then been developed outlining how these needs were to be met. We saw staff had supported and encouraged people to express their views and wishes. This enabled people to make informed choices and decisions about their care and support.

Care plans seen confirmed people had expressed when, how and by whom they wanted their support provided. For example people had been encouraged to specify the preferred gender of staff they wanted to support them. We also saw people had expressed their choices and preferences about visit times and the level of support they required. People's objectives and desires had been identified as part of the plan of care. For example to promote independence or maintain a balanced and nutritious diet.

We looked at care records of five people. We found they were informative and enabled us to identify how staff supported people with their daily routines and personal care needs. Care plans were flexible and had been regularly reviewed for their effectiveness. The service had responded to the changing needs of people by updating care records. Personal care tasks had been recorded along with fluid and nutritional intake where required. Discussion with staff confirmed they were informed promptly when changes to people's care had been required. This ensured they had up to date information about the care needs of people they support.

People supported by the service told us they found office staff were responsive in changing the times of their visits when required. We were also informed they were quick to respond if they needed an extra visit because they were unwell. One person supported by the service said, "I have contacted the office on several occasions and found them very helpful and friendly." The relative of one person said, "We had an issue with one staff member who [relative] couldn't take to. We contacted the office and they sent someone else."

The service had a complaints procedure which was made available to people they supported and their family members. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and the Care Quality Commission (CQC) had been provided should people wish to refer their concerns to those organisations.

We saw the service had a system in place for recording complaints. This included recording the nature of the complaint and the action taken by the service. We saw complaints received had been responded to promptly and the outcome had been recorded.

People who used the service told us they knew how to make a complaint if they were unhappy about anything. One person said, "I have the contact details for the office and know who to speak with if I have any issues. Everything is fine and I have no concerns about anything."

Is the service well-led?

Our findings

The service had a registered manager who understood their responsibilities and was supported by the registered provider to deliver what was required. Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met.

We found the service had clear lines of responsibility and accountability with a structured management team in place. The management team were experienced, knowledgeable and familiar with the needs of people they supported. Discussion with members of the management team confirmed they were clear about their role and between them provided a well run and consistent service. Comments received from people supported were positive about the service and how it was managed. One person said, "They run a really good service in my opinion. The staff are polite and friendly and arrive when they are supposed to." And, "Reliable and friendly service. They don't let you down."

The service had systems and procedures in place to monitor and assess the quality of their service. Spot checks were undertaken by senior staff whilst support staff were undertaking their visits. These were in place to confirm staff were punctual, stayed for the correct amount of time allocated and people supported were happy with the service. Care, medication and financial records were also monitored during the visits. We saw the outcome of the checks had been documented and placed on people's care plan records.

The service had been awarded a nationally recognised standard for its investment into staff management, employee satisfaction, motivation and access to training and development for its employees. The service had used the process to achieve the standard to develop staff skills and assist the service with organisational development. The standard offered a benchmark to external bodies of the services commitment to its staff to continually improve its standards over a long period of time. This showed the service had support and resources available to enable and empower the staff team to develop and to drive improvement.

We found regular audits had been completed by the service. These included medication, safeguarding incidents, training, staff supervision arrangements and reviewing care plan records. Any issues found on audits were quickly acted upon and any lessons learnt to improve the service going forward.