

The Local Care Group Limited

The Local Care Group Ltd

Inspection report

Station House
Station Road, Cotham
Newark
Nottinghamshire
NG23 5JY

Tel: 01636676359

Date of inspection visit:
15 March 2018

Date of publication:
19 April 2018

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

We carried out an unannounced inspection of the service on 15 March 2018. The Local Care Group is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It currently provides a service to older adults.

When we previously undertook a comprehensive inspection of the service in March 2017 the provider was in breach of a number of regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and were rated as inadequate. The service was served Warning notices for these regulations and following our comprehensive inspection we undertook two further inspections to follow up on our warning notices. At these inspections we found the provider had made improvements that ensured they were no longer in breach of these regulations. At this inspection we found the provider had sustained these improvements and has been rated as Good.

A registered manager was present during the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. At the time of the inspection, The Local Care Group supported six people who received some element of support with their personal care.

People received safe care delivered by staff who understood their role in safeguarding the people in their care. Risks to people's safety were assessed and managed to keep them safe. They were supported by sufficient numbers of a well established staff group who arrived on time and supported them in the time allocated in their care package.

People who received medicines were supported in a safe way as staff had the necessary training to administer medicines safely. They were protected from the risks of infection through good working practices by staff.

People's care was delivered in line with legislation and evidenced based practice. The staff had knowledge of the Equality act and did not discriminate against people in their care. Staff were supported with regular training in all aspects of their role and received regular supervision from the registered manager.

Where people were supported with their nutritional needs, staff showed a good awareness of their dietary needs and where to get further support should this be required. Staff worked with people, their relatives and health professionals to manage people's health needs, making appropriate referrals for individuals when necessary.

Staff knew how to support people to make decisions and ensure their rights were respected, working in line with the principles of the Mental Capacity Act 2005. 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 were supported by staff who were caring and kind. They knew people's care needs well and supported them to ensure their views were considered at all times. People were treated with dignity and respect and their privacy was maintained.

People received individualised, person centred care from staff well known to them. They were aware of how to raise concerns and complaints and the registered manager responded to complaints promptly. When staff supported people at the end of their life, they worked to ensure their wishes were acted upon and supported their relatives during this time.

The management team were open, honest and approachable in the way they managed the service. There were established quality monitoring processes in place that had a positive effect on the quality of care people received.

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 Safe was Safe.

People were protected from potential abuse as staff had training to recognise safeguarding concerns and knew how to raise and act upon concerns.

Risks to people's safety were well managed and a stable staff group sufficient in numbers supported them.

Those people whose medicines were managed by the service had them administered safely and staff had a good knowledge of how to protect people from the possible spread of infection.

The management team had processes in place to learn from incidents and issues and shared lessons learnt with staff to improve practice.

Is the service effective?

Good ●

The service was Effective.

People were supported by staff who were appropriately trained. They had their care delivered in line with evidence-based practice. Staff did not discriminate against the people they supported.

People's nutritional and health needs were well managed.

People's rights were protected under the Mental Capacity Act 2005 should they need support to make decisions about their care.

Is the service caring?

Good ●

The service was Caring.

People were supported by staff who were kind and caring. Their needs were well known to staff.

People's views on their care were considered when developing their care plans. They were treated with dignity and respect, and

their privacy maintained.

Is the service responsive?

The service was Responsive.

People received individualised, person centred care and where appropriate their social needs were supported by staff.

People felt comfortable in raising any complaints or concerns and the service had systems in place to ensure complaints would be investigated and responded to.

Where appropriate, people's end of life care wishes were discussed and plans of care were in place.

Good ●

Is the service well-led?

The service was Well Led.

The service had a registered manager in place who was open and honest.

The quality and safety of peoples' care was maintained through clear auditing processes.

Peoples' views and opinions were listened to and acted upon.

Good ●

The Local Care Group Ltd

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 comprehensive inspection took place on 15 March 2018 and was unannounced.

The service was inspected by one inspector. We visited one person and made telephone calls to people who used the service. We also received information by email from representatives of people using the service. Before the inspection, we reviewed information we held about the service, which included notifications the provider had sent us. A notification is information about important events, which the provider is required to send us by law. We also contacted Local Authority commissioners of adult social care services and asked them for their views of the service provided.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at two care plans, medicines records, staff recruitment and training records, as well as a range of records relating to the running of the service including quality audits carried out by staff at the service.

Is the service safe?

Our findings

People who used the service were protected from abuse as the staff caring for them showed a good knowledge of the types of abuse people could be exposed to and how to recognise signs of abuse. They had received appropriate training on safeguarding adults and knew who to report to if they had any concerns. One member of staff told us they would raise any issues with their manager, but was also aware of which external agencies they could report concerns to if they felt issues were not being addressed.

People and relatives we spoke with told us they felt the staff who cared for them were trustworthy and one person said, "Oh yes I feel safe in their hands." A relative we spoke with told us they "really trusted" the staff who cared for their relation.

The registered manager told us staff received training on safeguarding during their induction and they used the module in the care certificate for staff to work through to increase their knowledge. The care certificate is a nationally recognised qualification that sets out common induction standards for social care staff. The registered manager also told us staff did not undertake lone working until they had completed their induction programme. This way the registered manager could be sure staff had been supported with the necessary knowledge to work safely with people.

People and relatives told us the staff had the knowledge of the individual risks to people in relation to the risk of falls, people's mobility needs and skin integrity. One person we visited had specialist equipment in place to help preserve their skin integrity. There was information in the person's care record for staff on how this equipment should be used. The member of staff we spoke with during the visit was able to clearly discuss the measures they took to manage this aspect of the person's care. We saw further information in care plans on how people should be supported with their mobility. One person required the use of a walking frame to assist them. The person's care plan noted they needed to be reminded and encouraged use the frame.

The risks to people's safety had been assessed to ensure known risks were reduced. This included the registered manager undertaking an environmental risk assessment of people's homes. The checks included the property surroundings, other occupants of the property, trip hazards, electrical and gas installations, and fire risks. The registered manager had consulted other professionals to assist them manage the reduction of risk when necessary. For example, they had consulted the fire safety service for a person. This had resulted in sensor alarms being installed, advice on evacuation in an emergency and the person being entered on the fire service's list of vulnerable people. This is kept to give the fire service prompts should they receive any calls from that address.

We saw information to show how staff should access properties, and the safety checks they undertook when leaving. For example, the use of a key safe that allowed staff to access the key to the property and leave this secure when they left.

People told us the staff caring for them or their relatives were on time when they visited them. One relative

said, "Dead on time." One person told us the staff who visited were the same team each week, so they always knew who would be providing care. They told us staff stayed for the required length of the call. The registered manager monitored the calls to ensure people received their visits. They told us there had been one or two missed calls due to staff members picking up extra shifts and then not attending. They had addressed this through using a text messaging system to remind staff who were picking up these extra shifts and this had proved successful. This meant there were enough staff to meet people's needs.

Recruitment procedures were in place which were designed to ensure that people were protected from the risks of unsuitable staff attending their home. We reviewed three staff files and found the appropriate number of references and identification documentation were in place to assist the deputy and registered manager with making informed recruitment decisions. Criminal record checks were also carried out. However, we did note that new staff carried out a small number of shadow shifts prior to the results of their criminal record check being received. The deputy manager agreed that although the risk this potentially placed on people's safety was low, they would amend this process to ensure all checks were in place prior to staff commencing their role.

People who had their medicines managed by the service could be assured the registered manager had clear processes in place so this was carried out safely. One person we spoke with told us staff supported them in the way they required to receive the medicines they needed. Staff we spoke with told us they had received appropriate training for their role and understood about safe medicines management. For example, one staff member told us how they would immediately highlight to their manager if they found any missing signatures.

We examined bottles and creams when we visited one person's home and saw they had been dated when opened. The registered manager had been working with pharmacists and GPs to ensure people received their prescriptions in a timely way. They also undertook regular audits of the MAR sheets (Medicine Administration Record). They highlighted a recent issue they had found in that one member of staff had not been using the correct codes to show any variation of administration of medicines. The registered manager had discussed this with the member of staff and following this had undertaken spot checks of their practice to ensure they were using the correct codes.

Relatives we spoke with told us staff practices in relation to managing infections risks to protect their relations were good. This was reinforced by the staff we spoke with who told us they had received training in the control and prevention of infection. They were able to explain what equipment they used when providing personal care and the importance of regular hand washing when moving from different tasks. They told us the provider always ensured they had the necessary personal protective equipment they needed to undertake their role.

The registered manager had processes in place to learn from issues and concerns raised. In their provider information return (PIR) document they told us, they shared and reviewed concerns and complaints with the staff and developed individual action plans to address any issues. We saw they had undertaken this when the concerns around missed calls had arisen.

Is the service effective?

Our findings

People's care and support was provided in line with current legislation. People's choices were met in line with the Equality Act to ensure they were not discriminated against when care was provided. The registered provider had policies and procedures in place in line with legislation and standards in health and social care to ensure best practice was understood and delivered by staff. Staff supported people to access technology when this was required. One person we spoke with told us how staff had supported them to use an electronic tablet to help them undertake on line shopping and researching their hobbies. They said staff had been patient with them and they had found the use of the device extremely helpful.

People received support from staff who undertook a training programme to help them provide care to the people they supported. One person told us staff were very confident and knowledgeable when providing care and relatives we spoke with told us the staff seemed well trained.

Staff we spoke with told us they enjoyed the training they had undertaken and gave examples of the different aspects of people's care they had received training for. One member of staff told us they and the registered manager had attended hospital to be trained and assessed to use a hoist when this was required for one of their clients. The training matrix we saw showed staff had received the appropriate training for their roles.

The registered manager had also sourced training from other health professionals to support staff with other aspects of people's individuals care. For example they were about to receive training from the diabetic nurse on managing blood glucose monitoring to help them support a person in their care.

When people were supported with their nutritional needs by the service, they told us staff managed this aspect of their care well. One person told us they had recently been diagnosed with a health condition that meant they had needed to make changes to their diet. They told us staff had supported them with this, working with them to find alternative foods that they could enjoy and still maintain a healthy diet. Some relatives we spoke with told us they managed their loved ones diets, but if they needed to ask staff to support their relation on occasion this was always managed by them.

The registered manager was aware of how to refer people to the relevant health professional should there be any issues with a person's weight. They told us staff were quick to alert them if there were concerns. They gave an example of one person who had been losing weight and discussed how they had raised the issue with the person's family and GP so appropriate support was put in place.

Staff worked together to ensure people's health needs were well managed. Relatives told us that staff communicated any issues with them so concerns could be highlighted and addressed. One person told us they had recently been in hospital for rehabilitation. They told us the registered manager had worked on their behalf to get this support for them. This had resulted in the person's health improving to the extent that the person's mobility had improved. They said, "These people (The Local Care Ggroup) fought tooth and nail for me to get the help I needed to improve my strength."

Staff we spoke with told us they were aware of their responsibilities in managing people's health needs. They told us they worked with health professionals such as the district nurses following their instructions when required. The registered manager also explained how they supported people if they needed hospital admissions, by making sure the relevant information the hospital staff would require went with the person. This included the person's medicines and relevant history. The registered manager also told us they would always contact the hospital to discuss the person's care so the hospital staff were aware of what support the person was receiving in the community.

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

Relatives we spoke with told us staff asked for consent before providing care. One relative told us they had seen staff checking with their relative if they were happy for them to do things. One person said, "Yes they always check with me. I would stop them if I didn't want them to do anything."

Staff we spoke showed a good knowledge of the Mental Capacity Act and their role in supporting people make their own decisions. One member of staff said. "We have to try to maximise people's capacity by asking questions in a way they can understand so they have the support to make their own decisions whenever they can."

We saw when people's mental capacity was in question the registered manager had completed mental capacity assessments and had then undertaken a best interest meeting to establish the least restrictive way of providing care for the person. These assessments had been undertaken with relevant health professionals and relatives.

Is the service caring?

Our findings

Relatives and people we spoke with told us the care staff were kind and caring. They told us the service worked so people were supported with a regular staff group, so good relationships between the care staff and people had developed. One relative told us they had previously worked in care and they felt the Local Care Group was a good company. Prior to their relative receiving support, they had not felt confident enough to leave them but were now planning a holiday as they had so much confidence in the staff supporting their relation. One person said, "I have no issues with anyone (staff) they all want to help me as much as they can."

Staff we spoke with told us they enjoyed working for the company. They said they enjoyed having a regular client group and felt they had built up relationships with both the people they cared for and their relatives. One member of staff said, "You can tell people are happy with our care." They told us they got a sense of achievement from this. A new member of staff told us they had been shadowing staff while they learnt about the different aspects of care the people they would be supporting needed. They said the staff were very knowledgeable and had clearly built up a good relationship with the people they supported and told us they were looking forward to their new role.

This view was supported by our conversations with staff and the registered manager who worked so there was information in people's care plans on all the aspects of their care.

We discussed how staff supported people who may require particular support in relation to their cultural background. One member of staff told us how a person they supported had particular traditions related to their culture. The member of staff told us they had discussed how to uphold these traditions with the person, their family and other staff. They told us this helped them support the person in the way they wanted to be supported.

People's views on their care were at the centre of their care plans. They and their relatives were involved in agreeing how they wanted to be supported. One relative said, "[Name's] views were especially listened to." Another person we spoke with told us since starting with the service their care package had altered and they had been involved with all the reviews and changes. They told us the service had worked hard to get them the care package they needed. The care plans we viewed had evidence of people's participation in the development of their care package.

No one who used the service required the services of an advocate. However the registered manager told us they had put information in the service user handbook on the availability of advocacy should people need this. They told us at present the people they supported had relatives who were able to speak up for them. The registered manager continued to monitor people's circumstances and told us they would advise people if they felt an advocacy service was beneficial.

People's privacy and dignity was well managed at the service. One person told us staff were very careful when supporting them. They told us staff kept them covered when providing personal care and even though they were in their own home alone, staff closed curtains and doors to maintain a sense of privacy.

Staff we spoke with were clear about their roles in managing people's dignity. One member of staff described how when they supported a person into the shower stood the other side of the curtain to allow the person the privacy to wash themselves as far as possible. They told us that giving people the opportunity to maintain as much of their privacy and independence as possible was very important.

Is the service responsive?

Our findings

People received individualised and personalised care from staff who knew their needs well. One person told us they "certainly got" personalised care. Relatives we spoke with also felt the care their loved ones received was person centred and individualised. People's calls were made at the times they needed them and the care plans contained an outline of their daily preferences. There was information on how people liked to be addressed, and how staff should behave when they went into people's homes.

Staff told us the care plans had improved over the last few months and they were able to get the information they needed to care for people from them. They felt the care plans were very person centred. We discussed one person's care plan with a member of staff, they said, "[Name] care is led by them and is person centred. The focus is about what they want."

People's care plans contained information on the different aspects of their care, which health professionals were involved in their care and what staff could do to support the person. Staff were aware of the information and how this should be used to support people. When a person they supported had been into hospital, the registered manager had visited the hospital. They worked with the physiotherapist so an exercise programme they had put in place could be continued by the staff caring for the person when they went home. By continuing the exercise program at home, the staff had supported the person in improving their strength and mobility.

The registered manager worked to ensure people had information about their care that was accessible to them. They told us the person who was supported by a number of health professionals tended to forget the different care and advice they received. The registered manager had developed a file for the person that they kept with them. This was a simple time line with information the person had received from these health professionals. The person told us this had been very helpful to them and they liked to keep it with them. The registered manager also told us how they had given one person the timing of calls in the form of a clock face, as the person found this easier to see.

Where the care package allowed, people were supported with social activities. The registered manager told us one person had recently had provision built into their package that would allow them to be supported to go out into the community. The registered manager was working with the person and community teams to source appropriate transport for the person. The registered manager told us other people they cared for were also supported to access the local community, for example, one person was sometimes supported to visit the hairdresser.

People told us they knew who to make a complaint to if they needed to. Relatives told us where concerns had been raised the registered manager had responded to these appropriately. However, a number of relatives and the person we spoke with told us they had not needed to raise any complaint or concerns. Staff we spoke with told us they would record any concerns or complaints from people, should any be raised, and would pass the details on to the registered manager.

The registered manager kept records of complaints and what they had done about them. We saw they had responded to complaints in line with their complaints policy and procedures.

The service supported people to remain in their own homes at the end of their lives. The registered manager told us they worked with the community palliative care team so the emotional and physical care people received met their needs. The registered manager told us they would talk to people and their relatives at the appropriate time to ensure their wishes were supported. They discussed a person who had recently died and how the service had arranged for a member of staff who was experienced in end of life care to work with the person and their family. They ensured the person and family's wishes were carried out and continued to offer support throughout this time.

The registered manager also talked about how staff were supporting a person who had recently been bereaved. We saw information in the person's care plan showing there were particular times when the person's mood would be affected. There was guidance on how staff should support the person.

The registered manager also told us they had accessed some further training for staff in helping them manage end of life care. One member of staff we spoke with told us they were going to undertake the training. They were very much looking forward to undertaking the course as they hoped it would give them more knowledge on how to support people.

Is the service well-led?

Our findings

Relatives told us they knew the management team and were able to contact them when they wanted to talk with them. They told us the registered manager and provider were open and honest in their approach to managing the service. One person told us the registered manager worked hard to ensure they were provided with a good service from both their staff group and external agencies who supported them.

Staff we spoke with told us they felt supported by both the provider and registered manager. They felt the organisation of the service had improved over the preceding months and this had improved communication and support for the staff group. Staff gave examples of the improvements in the information they were provided with in the care records. One member of staff showed us a new daily record template and explained how this prompted them to record meaningful information on the care they provided for people. The member of staff told us this was one of the improvements made by the management team. They went on to say, "I feel we are doing loads better. The policies and processes we use are clearer. "

Staff also felt the way the management team organised staff rosters supported continuity of care for people. They told us having the same staff group visiting people had a positive effect on the quality of care they were able to provide. Our discussions with the registered manager showed their commitment to this philosophy. They considered the positive relationships and trust people had in their staff group an important part of the service they provided.

Staff told us they regularly spoke to and saw the management team. Two members of staff we spoke with told us they had attended a staff meeting recently and had found this useful. They told us their views had been listened to and the registered manager had fed back on different aspects of the service. Staff also told us they received regular supervision and training, they felt this supported them in their roles. One member of staff said, "I feel very supported and (manager) has fitted in the training to my schedule."

The registered manager told us it was difficult to get all staff together for staff meetings and as a result they did not hold them on a regular basis. We saw two meetings had been held in the last six months. However, the registered manager told us they managed to speak with staff most days. They told us they were looking at different ways to feedback developments at the service and had considered the use of technology to assist them with this. The registered manager was aware of the need to consider the Data Protection Act when using technology to communicate with staff.

There was a registered manager in place when we visited the service. They were clear about their responsibilities as part of their registration with the CQC to ensure we were informed of any reportable incidents. These include reporting serious injuries, allegations of abuse and events that could stop the service running appropriately. The rating for the last inspection was displayed on the provider's website and at the service.

The quality of the service was supported through regular audits of essential aspects of care. The registered manager audited medicines, care plans, incidents and complaints, and spot checks on staff practice. We

saw where the registered manager had highlighted areas of concern from the audits they had acted upon these and put measures in place to improve practice. This had resulted in a reduction in medicine errors, improved record keeping and a greater oversight of staff performance.

People were given the opportunity to feedback their views on the service they received in a number of ways. The registered manager told us both they and the provider regularly visited people and discussed their opinions on the service they received. People had also been sent a questionnaire survey, which asked questions about the quality of the service provided. We saw the results of these surveys, which were positive. The registered manager also kept a record of compliments to the service so these could be shared with staff members.

The registered manager worked to develop partnerships with other health professionals and the local authority support teams. They attended manager forums and had undertaken training to enable them to better support their staff team. For example, they were undertaking a medicines training package with the local authority team to allow them to undertake a train the trainer role. The registered manager felt this would give them a greater understanding of safe management of medicines and they would use this knowledge to continually improve practice. They had also worked with an external training company to ensure the observations of practice they undertake are robust.