

# The Local Care Company (Bolton) Limited

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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?	Requires Improvement ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection was undertaken on Tuesday 14 June 2016.

The Local Care Company is a care agency registered to provide personal care for adults in their own homes. The office is situated on one of the main roads, close to the town centre of Bolton. At the time of our inspection the service provided care and support to approximately 84 people, whilst also employing approximately 50 members of staff.

There was a registered manager in post. 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.

The people we spoke with told us they felt safe. The staff we spoke with had a good understanding about safeguarding and whistleblowing procedures and told us they wouldn't hesitate to report concerns.

We found medication was generally handled safely and people received their medicines at the times they needed it. We looked at how medication was handled at the two houses we visited. However, at one of the houses we visited, we found unexplained gaps in the staff signatures on the MAR (Medication Administration Records). We raised this concern with the manager who said they would be addressing this issue with staff.

The service used a call monitoring system. This enabled management and staff in the office to check care was being provided to people at the correct time of day and in line with people's care package requirements. Staff spoken with didn't raise any concerns about staffing numbers, with the service also actively recruiting new staff at the time of the inspection.

We saw staff were recruited safely, with appropriate checks undertaken before staff began working with vulnerable adults.

The service used an electronic training matrix to monitor the training requirements of staff. This showed us staff were trained in core subjects such as; safeguarding, moving and handling, medication and health and safety. We saw staff had not undertaken relevant training with regards to Mental Capacity Act/DoLS, although the manager told us they would look to book staff onto this course when they became available. Some other training courses were due for renewal, although the manager confirmed these had been booked for later in the year.

People told us staff helped them to maintain good nutrition and hydration. People said staff always left them with something to eat and drink before leaving their house.

We saw staff received regular supervision as part of their on-going development. This provided an

opportunity to discuss their workload, concerns and training opportunities. We saw records were maintained to show these took place.

The people we spoke with told us they were happy with the care provided by the service. People told us staff treated them with dignity and respect and promoted their independence as much as possible.

Each person who used the service had a care plan in place and we saw a copy was kept in the person's home and at the office. We looked at four care plans during the inspection. These were lacking in person centred information and did not contain sufficient information about people's life histories, likes and dislikes. The tasks to be completed by staff were brief and did not contain information about how people liked their care to be delivered. This was a breach of regulation 9 (1) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to person centred care.

The service also sent satisfaction questionnaires to people, asking for their feedback about the service. We saw that where negative comments had been made, the service responded appropriately.

There was a complaint procedure in place. We saw complaints were responded to appropriately. The service user guide also clearly described the process people could follow if they were unhappy with the service they received. Many people had also made compliments about the service they received.

People who used the service and staff told us they felt the service was well managed,. Staff told us they felt well supported and would feel comfortable raising and discussing concerns.

We saw there were systems in place to monitor the quality of service provided. This was done in the form of regular spot checks and observation of staff undertaking their work.

## 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.

The people we spoke with told us they felt safe as a result of the care they received.

We found people were generally given their medication safely and at the times they needed it, although we did find gaps in staff signatures on the MAR (Medication Administration Records) at one of the houses we visited.

The staff we spoke with displayed a good knowledge of whistleblowing and safeguarding adults and could describe the process they would follow if they had concerns.

### Is the service effective?

Good 

The service was effective.

We found staff had received training in core topics and staff told us they felt supported to undertake their work

People told us staff sought consent before providing care.

People told us staff supported them to maintain good nutrition and hydration.

### Is the service caring?

Good 

The service was caring.

The people we spoke with told us they were happy with the care and support provided by staff

People told us they were treated with dignity and respect and were allowed privacy at the times they needed it.

People said they were offered choice by staff, who promoted their independence where possible.

### Is the service responsive?

Requires Improvement 

Not all aspects of the service were responsive.

The care plans we looked at lacked person centred information about people's likes, dislikes and social history's.

Care plans didn't always provide sufficient detail about people's care needs and how they liked it to be delivered.

We saw that issues raised in satisfaction surveys were responded to appropriately.

### **Is the service well-led?**

The service was well-led.

The manager conducted regular spot checks and observations of staff undertaking their work.

People who used the service and staff told us they felt the service was well-led.

We saw team meetings and management meeting were undertaken to discuss work and concerns.

**Good** ●

# The Local Care Company (Bolton) Limited

## **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 was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

This inspection was undertaken on Tuesday 14 June 2016. The inspection team consisted of an adult social care inspector from the Care Quality Commission (CQC).

Before the inspection we reviewed any information we held about the service in the form of notifications received from the service. We also reviewed any safeguarding or whistleblowing information we had received, or any particular complaints about the service. We also liaised with the local commissioning team based with Bolton Council to see if they had any information to share with us.

At the time of the inspection the service provided care and support to 84 people within their own homes, predominantly in the Bolton area. As part of the inspection we spoke with the business director, the training co-ordinator, the administrator, five people who used the service and five care staff. We also visited two people in their own home to speak with them and see how medication was handled. The registered manager was not available on the day of the inspection, but we spoke with them following the inspection to provide feedback.

We also spent time at the head office looking at various documentation including care plans, staff personnel files, policies/procedures and staff training records.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe as a result of the care they received. One person said to us; "I feel absolutely safe. The staff always check that I am alright". Another person said; "I do feel safe. I feel reassured knowing that somebody is coming into look after me and that I'm getting this support". Another person added; "I feel safe in my own home and that is very important to me".

During the inspection we spoke with staff and asked them about their understanding of safeguarding vulnerable adults and whistleblowing. We saw there was an appropriate policy and procedure available for staff to refer to, and the induction and mandatory training further strengthened staff's knowledge in this area. Each member of staff could clearly describe the process they would follow if they had concerns about people's safety. One member of staff said; "I would not hesitate to contact the manager or the authorities and would refer to the policy and procedures. Some of the signs could include bruising, people not eating and having mood swings". Another member of staff said; "I would report anything that wasn't right. If I noticed somebody was low or had unexpected marks, I would report it to management"

People were protected against the risks of abuse because the service had a robust recruitment procedure in place. Appropriate checks were carried out before staff began working at the service to ensure they were fit to work with vulnerable adults. During the inspection we looked at four staff personnel files. Each file we looked at contained application forms, CRB/DBS (Criminal Records Bureau/Disclosure Barring Service) checks and evidence of references being sought from previous employers. The staff we spoke with told us they were asked to provide references and complete a DBS form, when applying for the job. These had been obtained before staff started working for the service and evidenced to us staff had been recruited safely.

We checked to see if there were sufficient staff working for the service. The service used a call monitoring system to ensure that people received their care at the correct times and in line with their care package requirements. We were shown the system and saw that care staff had undertaken care visits at the times that were required. A member of staff in the office closely monitored this system, so that they could quickly identify if calls were missed or late and respond accordingly. The staff we spoke with felt there were sufficient staff working for the service. One member of staff said; "I feel there are enough staff. Staff do come and go, but they always seem to be recruiting". Another member of staff said; "They do seem to be taking on new staff so I think everything will even out eventually". A third member of staff added; "As with anywhere it can be difficult if people are off sick. Things are ok at the minute though and they are recruiting new staff".

The people we spoke with told us they had never experienced any missed visits since using the service. One person said; "There is absolutely no chance of that, they are great and they always turn up". Another person said; "Since I've been using the service, the staff come when they are supposed to. No problems with any of that".

We found people had various risk assessments in place to keep them safe within their own home. These covered areas such as the home environment, use of any equipment and risks presented to themselves and other people. We saw there were control measures in place such keeping walkways and corridors clear and

clutter free due to people being at risk of falls. At one of the houses we visited, we observed there were no trip hazards present, which would help this person to mobilise safely. We also saw people had appropriate moving and handling assessments in place, which we noted were reviewed at regular intervals. This provided staff with guidance about how to transfer people safely when they needed to be moved.

We visited two people in their own homes to look at how medication was given to ensure this was done safely. We saw staff had received appropriate training in medication to ensure they had the correct skills to do this safely. We saw there were MAR (Medication Administration Records) in place which staff were expected to sign when medication was given. People who used the service were identified as being at different levels with regards to their medication, which identified if they required full assistance from staff, or just needed to be prompted. One person said to us; "No problems with my medication. I feel I always get it when I need it".

At one house we visited, we identified several gaps on the MAR's. We raised this with the manager who said that on one of the dates where signatures were missing, the call had in fact been cancelled and care had been provided by friends and family. For the remaining days, the manager said they would need to address the issue with staff, but were currently away on annual leave.

People told us they felt safe within their own home. Some people who used the service lived alone and staff were required the use of a key to access their house. We saw the keys were appropriately stored in a 'key safe' outside each some of the houses we visited. This required staff to enter a pin code before gaining access so they could go in and deliver care safely, or if the person was unable to get to the door to answer it themselves.



# Is the service effective?

## Our findings

There was a staff induction programme in place, which staff were expected to complete when they first began working for the service. The induction covered areas such as the principles of person centred care, the role of the support worker, moving and handling, health and safety, fire safety, medication, first aid and safeguarding. In addition to completing their induction, staff were expected to complete a period of shadowing where they could watch and observe a more senior member of staff. One member of staff said; "I had never used a hoist before when I first started, but I was given sufficient training around how to use it. Overall it went well and I was shown everything I felt I needed".

The staff we spoke with told us they received sufficient training and support in order to undertake their work effectively. The service had a training coordinator who closely monitored staff training requirements on an electronic training system. We saw staff had received training in subjects such as safeguarding, moving and handling, medication, health and safety and fire safety. We noted some of these training courses were due to be renewed, however the manager showed us confirmation that these courses were scheduled to be undertaken later in the year. One member of staff said; "If I need any training, I get it. I feel I get enough, you can always go in and ask for more". Another member of staff said; "The support is good, if anything goes wrong they get it sorted. If you are struggling at somebody's house, someone will come out and help you". A third member of staff added; "I have just completed all of my training. You can always go in the office and speak with them. I'm getting enough".

We found staff received regular supervision from their line manager. Staff supervision enables managers to speak with staff about their work in a confidential setting and discuss how things are progressing to date. We looked at a sample of these records and saw these provided a focus on key responsibilities and targets, strengths and successes, weaknesses and areas for improvement, training needs and objective setting moving forward. The staff we spoke with said supervision took place and it was usually every three months. One member of staff said; "They always take place. I find them to be useful sessions where we can discuss any concerns". Another member of staff said; "I had one recently where I was able to discuss my workload, training and any concerns I had".

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. At the time of the inspection, there was nobody using the service who was subject to a DoLS (Deprivation of Liberty Safeguards). Staff spoken with told us they had not received any training in relation to MCA/DoLS. We raised this with the manager who said this had not been completed because the service was a domiciliary care setting, but would source appropriate training following the inspection so that staff had an awareness and understanding in this area.

The people we spoke with told us before receiving care, staff always asked them for their consent. Staff were also able to describe how they sought consent from people before delivering care. One person said; "They

do ask my permission before they do things. They always do it, they ask me everything. That are very good with that". Another person said; "The majority of the time they ask me, they seem to have gotten into a good routine with that". A member of staff also commented; "We have to ask people and we can't force things on anybody. Like with medication for example, they don't have to take it, but I explain to people it would be in their best interests if they did". Another member of staff added; "I always verbally seek consent and prompt people as much as possible, whilst giving them a choice".

We checked to see how people were supported to maintain adequate nutrition and hydration. This was an area, which was covered during the initial assessment process where it would be determined if people needed support in this area. The people we spoke with said they received enough to eat and drink. One person said to us; "I have to have a soft diet and thickeners in my drinks. They always do that for me. The staff always make sure I have had something to eat and drink before they leave". Another person said; "The staff prepare all of my meals as part of my care package. They offer me a choice and warm my food up in the oven or microwave. I get plenty of drinks before they leave".

We found staff had a good understanding of people's nutritional needs. We also spoke with staff and asked about their involvement in supporting people to maintain good nutritional intake. One member of staff told us; "We do shopping for people and check if anybody has any allergies. One person is on a PEG feed, but the district nurses see to that. I'm aware some people are on soft diets and thickened drinks, so we always provide that for them". Another member of said; "We always make sure people have had something to eat and drink before we leave, even if they don't particularly need support with it. We check if they need food making for later in the day as well, such as at tea time if they don't have a call then".

# Is the service caring?

## Our findings

The people who used the service told us they were happy with the care and support they received. One person said to us; "They are very good. The longer I have been with them, the more I have found them to be marvellous". Another person said; "They are very nice and I find them to be very good. I have some special carers who I like very much". Another person told us; "It's very good they look after me well". A fourth person added; "It's quite good I must admit. I enjoy the company and we get good continuity of care".

People who used the service spoke favourably about the staff who cared for them. People told us they found the staff to be caring. One person said; "The staff are excellent, absolutely excellent. They don't ask for anything and do everything I need". Another person said; "The staff are all very nice. It was my birthday yesterday and the staff rang me up, which was nice. Some of them really are lovely". Another person added; "Absolutely nothing wrong with them and they see to me very well. That's important to me". Another person told us; "The staff are nice with me and care for me how I would like".

We asked people who used the service if they felt they were treated with dignity and respect by staff who cared for them. Staff were also able to describe how they aimed to do this when delivering care to people. One person said; "They treat me with absolute dignity and I meant it". Another person said; "They treat me very well and how I would like to be treated and spoken with". A member of staff also said to us; "If I am giving somebody a wash I will explain what I am doing and cover people with a towel. I will also make sure blinds and curtains are closed". Another member of staff added; "One person has their commode in their front room, so I would never use it when other people are around. I would ask if it's ok for them to go next door briefly so we can have privacy".

People told us staff tried to promote their independence as much as possible. Staff were also able to describe how they aimed to do this when delivering care to people. One person told us; "Yes I would say they do. I wash my face and my neck myself". Another person said; "I did have a stroke, but the staff still encourage me to wash my face myself. It's about as much as I can do, but they do try". A member of staff also said to us; "If people can use their hands then I encourage them to eat and drink themselves. Even if they can take their own clothing off then I will let them. It's very important to let people retain their independence". Another member of staff added; "I'll ask people if they want to have a go first and see how they get on, but at the same time, be there for them if they need me".

We looked at how people were offered choice when receiving care and support from staff. One person said to us; "The staff allow me to choose my own clothes when they assist me to get dressed". Another person said; "The staff make me my meals sometimes so I'm given choice with that. I'm also given choice over how I am presented". A member of staff also said to us; "I always aim to offer choice whether that be a hot or cold drink, food, clothing or where they would like to sit". Another member of staff added; "One person had ready meals delivered so I will offer a choice of these. I assist quite a few people to get ready, so will ask what they would like to wear".

## Is the service responsive?

### Our findings

The people we spoke with told us they felt the service was responsive to their needs. One person said; "The staff are great and give me everything I need. When I have needed a doctor in the past they didn't hesitate to call them". Another person said; "They make sure I have taken my medication, make me something to eat and help me get ready for bed. They are good and really do meet my needs".

We saw that before people's care package commenced, the service carried out an assessment of people's needs. This was usually done when receiving a referral from the local authority, which would then be followed up by the service conducting an assessment in people's own homes. The people we spoke with said they recalled staff visiting them before their care package started. One person said; "Yes they did come out and see me. It was to see what I needed and how they could look after me".

Each person who used the service had their own care plan. These were kept at the office, with a copy also available in people's houses for staff to refer to. During the inspection we looked at the care plans of four people who used the service. Although we found the care plans provided a list of the care and support people required, there was no breakdown about how staff needed to provide care to people. For example, where people required assistance with tasks such as personal care, food and drink preparation, dressing/undressing and preparing people for bed. We found there was a lack of detailed information about how people liked their care to be delivered or if people required full assistance from staff or not. This meant staff didn't have sufficient information available to them about how people needed to be cared for.

When looking at the care plans, we saw there had been no information captured about people's likes, dislikes and social histories. This meant staff did not have sufficient person centred information available to them to provide care based on people's individual preferences. During the inspection we were shown a new care plan format, which staff intended to use moving forward, where this information could be captured. This was a breach of regulation 9 (1) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to person centred care.

We looked at the most recent satisfaction surveys sent to people who used the service in July 2015. We saw people were asked for their views and opinions about the standards of care they received, if they felt their needs were met, if the service was responsive to concerns and how they would rate their overall satisfaction of the service. In some of the responses we saw there was some negative feedback. For example, one person commented how they felt their medication was not always on time. Another person commented about how they felt unsettled with their care and that care wasn't consistent. Another person had said some of the carers were disappointing. A fourth person reported that carers weren't of their expected standards and that there had been several missed visits. In response, we saw the manager had created a 'Quality statement'. This clearly laid out what had been done in response to these concerns, such as visiting the person in their home to discuss concerns further, or provide refresher training for staff.

There was a complaints policy and procedure in place. This clearly explained the process people could follow if they were unhappy with aspects of their care. We saw complaints had been responded to

appropriately. People told us if they needed to complain they would speak with staff or phone the office. Additionally, the service user guide specifically addressed complaints and informed people what they needed to do. The service also sent and had collated compliment cards, praising staff in different areas. One compliment card read 'They help you in every way and never grumble. I think you are brilliant'. One person also told us; 'I've no complaints at all. I think they would do something about it and I would make sure they did'. Another person said; "I would ring up and ask for the manager. I feel they would sort it out".

## Is the service well-led?

### Our findings

There was a registered manager in post. 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.

The staff we spoke with told they enjoyed their work and that the Local Care Company were good to work for. One member of staff said; "I really do enjoy my job. There is very good continuity so we get to know people well". Another member of staff said; "Everything is going fine. I find it a really rewarding job and take great satisfaction from caring for people". A third member of staff said; "I love the job. They give me a lot of help if I am ever stuck with anything".

The staff we spoke with felt the service was well – led and managed. One member of staff said; "I get on really well with the manager. I feel I can always go to her and she is approachable. The manager is very fair and will always come out on call and get stuck in. She never asks us to do things she wouldn't do herself". Another member of staff said; "You can ring the manager and you can depend on her when you need her". A third member of staff said; "The manager is brilliant. Really helpful and really supportive".

People who used the service and relatives spoke favourably about how the service was managed. One person said; "I've met the manager several times and she is very good. She is very good at what she does and always seems to make an effort to come and see me". Another person said; "The manager comes and sees me quite a bit. She takes the time to sit down and have a chat with me. I have been very satisfied".

We found there were systems in place to monitor the quality of service within people's homes. This was done through regular spot checks and observations of staff undertaking their work. We looked at a sample of these records and saw they provided a focus on staff punctuality, staff appearance, completion of documentation, further training/mentoring requirements, moving and handling techniques used, understanding of risk assessments and ensuring staff stayed the correct length of time for the visit.

These checks provided management with the opportunity to ensure staff were working to high standards and addressed any performance issues to improve the quality of service people received. One member of staff said; "I've had a few spot checks. They made sure I was using correct moving and handling techniques. They also checked I was giving people their medication correctly and was doing everything by the book". Another member of staff said; "My most recent spot check covered infection control, medication and moving and handling. They come down on you like a ton of bricks if things aren't right".

We looked at the minutes of recent management and team meetings, which had taken place. Some of the topics of discussion included staff contracts, timesheets, completion of NVQ's, service user reviews, staff recruitment, training needs, call timings, spot checks and MAR sheets. The staff we spoke with confirmed these meetings took place on a regular basis. One member of staff said; "We are always invited into the office to listen to any updates. We can have our say and contribute towards the agenda". Another member

of staff said; "We get together and discuss problems. We can raise issues and I feel we are listened to".

There were various policies and procedures in place at the service. These covered equality and diversity, disciplinary, equal opportunities, safeguarding, whistleblowing, health and safety, accidents and incidents, training/supervision and complaints. Staff told us they could were covered during induction and were available to look at if they needed to seek advice.

The service also sent newsletter to staff about any updates and changes within the service. This provided people with updates about rotas, use of social media, supervisions, safeguarding, staff meetings and that a CQC inspection was expected in the coming months. We saw people who used the service also had access to a service user guide. This provided people with an overview of the service, out of hours contact details, aims of the service to be provided, the type of service people could expect to receive and how to make a complaint.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  Appropriate systems were not in place to ensure care reflected people's preferences.