

The Local Care Group Limited

# The Local Care Group Ltd

## Inspection report

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## Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Inadequate ●

# Summary of findings

## Overall summary

This announced inspection was carried out on 15 March 2017. The Local Care Group Ltd provides support and personal care to people living in their own homes in Bingham and surrounding areas in south Nottinghamshire. On the day of the inspection visit there were eleven people using the service who received personal care.

The service had a registered manager in place at the time of our inspection. 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 were supported by staff who lacked knowledge about the risks people could face and did not know how to report any concerns of abuse or harm they identified when they visited people.

People may not receive their care or any medicines they take safely. This was because staff had not been trained on how to do this, and there was a lack of risk management systems to recognise risks people faced and how these could be managed safely.

People could be supported by care workers who were not suitable because there was not an established recruitment process to ensure they were. People could be supported by staff who did not have the right skills and knowledge to meet their needs.

People provided consent to their care, but their right to make decisions for themselves may be overlooked. People were cared for by staff who ensured they had sufficient to eat and drink and showed an interest in their health and wellbeing.

People found the staff who supported them were caring and kind, and they were able to express their views about the care and support they required. They were shown respect and treated with dignity in the way they wished to be.

People's care plans were not kept up to date and did not contain the information staff needed to meet their needs. Any complaints made were responded to but these were not used as a way of improving the service.

The views and experiences of people who used the service, relatives and staff were not captured to develop the service and identify what was important for them. There was a lack of systems to monitor the quality of the service and identify where improvements were needed.

Care workers had not been provided with the leadership and personal development needed to provide a service that meets the legislative requirements of the Health and Social Care Act 2008.

"The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures."

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Inadequate** ●

The service was not safe.

People may not be protected from harm or abuse because staff had not been trained on how to keep people safe and procedures to do so had not been followed.

Risks to people's health and safety were not identified so that the safest way of providing their care and support could be identified.

Staff recruitment procedures did not ensure new staff were suitable to work with people who required support with their care.

People may not be supported with their medicines safely because care workers had not been trained in this area of their care..

### Is the service effective?

**Requires Improvement** ●

The service was not entirely effective.

People were supported by staff who had not been suitably trained and supported to meet their needs.

People's right to give consent and make decisions for themselves were encouraged, but their right to be protected by the MCA may not have been.

People were supported to maintain their health and have sufficient to eat and drink.

### Is the service caring?

**Requires Improvement** ●

The service was caring.

People were supported by staff who respected them as

individuals.

People were involved in planning their care and making decisions about this.

People were shown respect and courtesy by staff visiting them in their homes in a way that suited them.

### **Is the service responsive?**

**Requires Improvement** ●

The service was not completely responsive.

People may not receive the care and support they require because their plan of care did not include all the information required to do so.

People's concerns and complaints about their care were not used to improve the service.

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

**Inadequate** ●

The service was not well led.

People could not be assured of the quality of the service because improvements that were needed to the service were not being identified.

Arrangements had not been made to ensure the service was suitably managed in the absence of the registered manager.

# 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 was planned to check 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 took place on 15 March 2017 and was announced. The provider was given 48 hours' notice because the location was a domiciliary care agency and we wanted to ensure there was someone available to assist us with the inspection. The inspection was carried out by one inspector.

We looked at information we had received and whether we had been sent any statutory notifications. A notification is information about important events and the provider is required to send us this by law. We contacted some other professionals who have contact with the service and asked them for their views.

During the inspection we spoke with two people who used the service and four relatives. We also spoke with five care workers, the provider and the registered manager. We considered information contained in some of the records held at the service. This included the care records for three people, staff training records, three staff recruitment files and other records kept by the registered manager as part of their management and auditing of the service.

# Is the service safe?

## Our findings

People may not be protected from avoidable harm due to risks not being assessed to identify how people should be kept safe. There was no system in place to assess and determine risks people faced and how these could be reduced through risk management. The registered manager told us a new care plan format they were working on would also introduce risk assessments. The provider told us they did visually inspect people's environment when they first visited them to determine if the care and support they required could be provided safely, however they did not make a record of this.

Staff told us they provided people with support to prompt or administer their medicines. Staff said they had been shown by the provider what they needed to do but they had not received training for this. The provider said they had shown staff how to provide medicines support and observed them doing so but they had not made any record of this.

The registered manager told us that some staff who were providing people with support to take their medicines had not received any formal training for this. They said the provider had shown care workers what needed to be done but there had not been any assessment completed to show they were competent to do this. The registered manager told us they would make alternative arrangements for people to be supported with medicines until these care workers had been trained.

The failure to assess and act to mitigate any risks to people and not ensuring medicines are properly and safely managed is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found people may not be protected from abuse or harm because some care workers did not know what safeguarding was and they had not received any training about this. Care workers also told us they had not been involved in any discussions about protecting people from abuse or harm. The registered manager confirmed that staff had not been provided with any safeguarding training.

The provider told us that due to some concerns they had dismissed a member of staff, but they had not referred them to the Disclosure and Barring Service (DBS) to consider this person's suitability for this type of work. Providers are required to inform the DBS if they have concerns about the suitability of anyone to work with people who receive health and social care services.

The failure to operate a system and follow processes that protects people from abuse is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported by staff who had not been through the required recruitment checks to preclude anyone who may be unsuitable to provide care and support. Recruitment files did not show the necessary recruitment checks had been carried out. We found that references had not been obtained for some staff and there was not an application form used to collect information about each applicant. The provider had made some notes about each applicant but these did not provide the detail needed. For example they

made a note of previous employment but did not ensure this was the applicants full work history.

The failure to ensure staff employed are of good character is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People usually received their care and support at the time it was planned for but there were some occasions when this had been missed. Relatives told us their relations did not always receive the care and support that was planned for them to receive or receive this at the time it was planned for. One relative told us there had been a few occasions when no one had turned up for their relation's call to get them up in the morning. Another relative said care workers were not always punctual as they did not have enough time allowed to travel from their previous call.

The provider explained the missed calls had come about when care workers had not notified them in good time they were unavailable for work. The registered manager said they were looking to make some adjustments and improvements to the way rotas were organised as they did not think these were as efficient as they could be. The registered manager said there had been some missed calls and that there needed to be a clearer system for care workers to follow if they were reporting that they were unavailable for work.

A relative told us their relation was supported to take their medicines each morning, and another relative said care workers made sure their relation "takes their tablets". One relative told us that care workers would apply any creams and ointments their relation needed but "I do the tablets". The relative added that they occasionally asked a care worker to give these to their relation if they were going out.



# Is the service effective?

## Our findings

People may be cared for and supported by staff who did not have the skills and knowledge to meet their needs. A relative told us their relation had recently started to use a medical device which they needed some support with. The relative told us they had been shown how to manage this and their regular care workers knew how to provide this support as they had previously supported another person with this. However the relative told us when their regular care workers had been covered by another staff member they had needed to show them what they had to do as they had not used this medical device before.

We spoke with two recently recruited care workers, who had not previously worked in care. They told us when they started they had been introduced to people who used the service and had what support they needed described to them. However they did not have any initial training or induction. One care worker said, "Possibly things could have been more organised when I started." Other care workers also said they had not received any formal training and one care worker said they "used their common sense" in how to meet people's needs. A care worker said they had completed some training prior to starting with the agency and were completing a professional qualification in health and social care. However they also told us that, "I could do with refresher training, its long time since I've done a course."

The registered manager told us although they had introduced the Care Certificate for some staff in the past this had not been used for more recently appointed staff. The Care Certificate is a set of national standards for staff working in health and social care to follow and equip them with the knowledge and skills to provide safe, compassionate care and support. The registered manager said care workers had been provided with mentoring by the provider when working with them, but there had not been any formal training. This included not providing new staff with an induction.

The failure to ensure staff providing care or treatment to people have the qualification competence and skills to do so safely is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 told us there were some people who used the service who did not have the capacity to make decisions and consent to their care for themselves. The registered manager told us there were occasions when they had assessed people's capacity to make decisions and were making decision for people. However they were not making any record of doing this to show they were making a decision that was the person's best interest and was the least restrictive option.

People who had the capacity to consent to their care and support told us they were only provided with the

care and support they gave their consent to receive. One person told us, "Everything comes through me if I say no that's it." Relatives told us care workers asked their relations for consent before providing them with any care or support. One relative said, "Oh yes they do ask for consent." Another relative told us how a care worker had asked them if they could look in a drawer for some clean bedding rather than just opening this.

People who required support to ensure they had sufficient to eat to maintain their health and wellbeing were provided with this. One person told us care workers, "Do my tea and my breakfast." Relatives told us care workers would make their relation's breakfast when they supported them in the mornings and light meals and snacks during the day.

Care workers told us they tried to ensure people had enough to eat and that they had a healthy diet. One care worker said they went shopping with the person they supported to buy their food and encouraged them to purchase healthy ingredients. Another care worker told us they recorded what a person had to eat so they knew if they were having sufficient nutrition. A third care worker told us the people they supported needed some assistance in preparing or heating meals but they did not require any additional assistance to eat these. The registered manager told us there was not anyone who required a specific diet for health, cultural or religious reasons. They said there was not anyone who was losing weight other than one person they were supporting with some planned weight loss and helping them to follow a more healthy diet.

People were supported by staff who understood their healthcare needs and knew how to support them with these. One relative told us that the care worker who visited their relation was, "Very good if anything is wrong, they ring up and tells us if they have called a doctor out when it's needed." Another relative said, "I think they do (understand their health needs) They have a good chat whilst seeing to [name]."

Care workers said they understood any health issues people they visited had and they always asked people how they were feeling. One care worker said they would notify the registered manager or provider if anyone appeared to be unwell who would contact a doctor if needed.



## Is the service caring?

### Our findings

There were occasions where people had not received the care and support they needed. These situations had occurred due to staff not being trained to meet people's needs. We also found that there had been occasions where people had not been visited as planned due to staff failing to attend these calls, or on other occasions arriving later than planned. Additionally the lack of information available in people's care plans meant that if another care worker visited the person they would not have the information required to meet people's needs. We also found that people who used the service, relatives and staff had experienced difficulty in contacting the office when there had been a problem or difficulty.

Most people received their care and support from one or two regular care workers. Where this was the case people who used the service and relatives felt they were caring and showed a genuine interest in their wellbeing. One person who used the service told us, "They (care workers) are caring." Relatives told us their relations enjoyed the company when they were visited by staff. They said they would sit and have a conversation with them. One relative told us, "I have got to know they are capable of caring."

Care workers spoke of "enjoying their work" and liking to help people. One care worker told us, "I feel satisfied when I go home, it makes you feel happy when you get good feedback." The care worker went on to say they had received some good feedback from the people they supported. Another care worker told us how they and a person they supported had some fun together by giving names to equipment they used. The care worker said, "It helps keep them going and we have a laugh about it." The registered manager told us when they employed new staff they looked for people who displayed the right values to undertake this type of work.

People who were able to be involved in planning their care told us they had been and had made decisions about this. A person who used the service told us, "They listen to me, I went through the care plan and made my comments." Relatives told us they had been involved in planning their relation's care and support when they did not have the capacity to do so themselves. A relative told us they would "leave notes (for care workers) if something needs doing".

Care workers told us people received the care and support they wanted. A care worker told us they knew what one person wanted because they had visited them for a long time, but said that when they first started to visit the person they had "told me what they wanted me to do". Another care worker told us, "I always make sure I meet their needs. I will do what they want and respect it. The registered manager said people were involved in planning their care through "face to face" discussions and being present when their care was reviewed.

The registered manager told us there was no one who used the service at present that had the support of an advocate. There was information about advocacy services in the brochure they gave to people when they started to use the service and they said they would "guide anyone" to an advocate if they needed this support. Advocates are trained professionals who support, enable and empower people to speak up about issues that affect them.

People who used the service were treated with respect by staff who were polite and respectful. One person told us they were treated with respect and staff provided support sensitively. They gave an example of this happening when they had a shower. A relative told us their relation was "shown dignity "and there were "no problems with that".

Care workers described how they provided any personal care in a way that promoted people's privacy and respected their modesty. One care worker told us, "I show respect when providing any personal care." Another care worker told us how they would warm the flannel up for the person before washing them "so it was more comfortable". The registered manager told us they looked for staff who understood how to respect people's dignity when they employed any new staff.

Care workers also told us how they showed respect when in people's homes. They spoke of knocking on doors before entering and wearing slippers in some people's homes. It was stated in one person's care plan to "Maintain [name]'s standards they like everything in its place." One care worker told us how they had found a person a mobile hairdresser who would do their hair for them when the one they had could not visit them anymore.

# Is the service responsive?

## Our findings

People may not receive the care and support they require as this was not recorded in their care plans. People who told us they had a copy of their care plan in their homes said they had not looked at these. People's care plans were not completed in a way that provided information about their needs and how these should be met. This was because there was not a description of how people needed to be supported. For example people's daily notes referred to care workers applying creams, however there was no reference in people's care plans to these creams being applied. One person needed care workers to assist them with their mobility but this was not described in their care plan.

Care workers highlighted some inaccuracies in people's care plans to us, such as stating a person was to have a bath, when they did not provide this support. They also said they did not know whether the care plans were suitable or not as they had not got anything to compare these with, but care workers did say they did not provide descriptions of how to provide the support people required. One care worker told us, "I pulled my hair out at the first client I had" because of the lack of information.

The registered manager told us they fully agreed with us when we said the care plans did not describe how people should be provided with the support they required. The registered manager showed us a new care plan format they were introducing and one care plan they had started to prepare using this new format. This was more detailed and descriptive of what the person's needs were. However this plan still required further detail to be included to describe how the person's need should be met.

The failure to ensure care and treatment is provided in a safe way is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Through our feedback from people who used the service and their relatives it was evident that although the care records did not adequately describe the care people required, people were usually receiving the care they needed. Some relatives commented there had been occasional problems when they had not been visited by their regular care worker, but overall they were satisfied with the care the care their relations received. People who used the service also said they were satisfied. One person said, "I'm satisfied overall." Another person told us care workers, "Do a good job at looking after me. I feel looked after." A relative told us, "They do a good job and look after [name] well. They always ask if they can do anything else."

People were provided with information on what to do if they had any concerns or complaints with the service. There was information about how to make a complaint in the brochure they gave to people when they started to use the service. One relative told us, "If I have any problems I phone [provider]." A care worker told us, "I'm guessing people are told how to complain when they start to use the service. If anyone had any worries they would tell [registered manager] or [provider]. I know [relative] did when they had a few complaints."

The registered manager told us they had dealt with some concerns and complaints people who used the service and relatives had made, and had recorded these in the person's daily notes. However they had not

then kept a central record of the complaints made so they could oversee and monitor these, and use them to establish any patterns within the service which could be improved. The registered manager told us "it makes sense to keep a record of these" and said they would do so in future.

## Is the service well-led?

### Our findings

There was a lack of systems in place to assess and monitor the service provided in order to mitigate any risks to people who used this. We identified people were at risk from poor recruitment procedures and staff not being provided with the training and support they needed to ensure they could carry out their duties, including administering medicines. Additionally there was not a care plan for each person that accurately described the care and support they needed. This placed people at risk of harm and receiving care and support that was not safe.

There were occasions when care workers had not notified the provider in good time that they were unable to work. This meant alternative arrangements had not been made to cover a person's call. On one recent occasion this meant a person had not taken their medicines or had the support they needed with a medical device until a relative visited them later in the morning. The relative told us they had been unaware their relation had not received the care and support they needed that morning, and that this was the third occasion this had happened in the last six months.

The registered manager said that they used to ensure care workers knew what was expected of them and the policies and procedures they should follow during staff meetings, however they had not been holding these for over a year so care workers had not been provided with this information and direction in that time. A care worker told us, "I don't think it (the service) is very professional. Communication is bad and training isn't there."

The provider said they had not kept up with the management systems when the registered manager had not been at work for a long period of time and recognised they should have made some alternative management arrangements. The registered manager said they knew there were a lot of improvements needed and that they needed to work out a list of priorities and put an action plan together. They described the management systems as having "gone out of sync" and needing to be "put back on track". This included holding staff meetings to ensure care workers knew what was expected of them. Care workers told us they did not meet up together and staff said there had not been any staff meetings held, or one had not been held for a considerable period of time. Care workers also said they felt better communication was needed. One care worker said, "The only communication is done on the phone. I have never been to a staff meeting."

Some staff were not aware of their duty to pass on any concerns externally should they identify any issues that were not being dealt with in an open and transparent manner and they were not aware of a policy for this. This is known as whistleblowing and all registered services are required to have a whistleblowing policy. The provider confirmed visit that there was a whistleblowing policy in place.

The failure to establish and operate systems to assess, monitor and mitigate against risks relating to the health, safety and welfare of people who used the service is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider is legally required to notify us without delay of certain events that take place. We found during the inspection there had been some events that took place which should have been reported to us that have not been.

We had not been notified of the absence of the registered manager for approximately 12 months.

This was a breach of Regulation 14 of The Care Quality Commission (Registration) Regulations 2009.

We had not been notified of alleged abuse of a person who used the service. We had also not been informed about the risk of harm to another person which should have been reported to the local authority as a safeguarding concern.

This was a breach of Regulation 18 of The Care Quality Commission (Registration) Regulations 2009.

The provider complied with the condition of their registration to have a registered manager in post to manage the service. The registered manager had just returned to work following a long period of absence. Both they and the provider told us they knew the service had not been effectively managed during this time and a number of improvements were required. These included issues we identified regarding training and care plans. The provider said they now realised they should have made some alternative management arrangements but explained that they had not done so because the length of absence of the registered manager had not been known.

Care workers said they found the provider and registered manager approachable and easy to talk to. They were given details of the visits to complete for the following week and they completed weekly timesheets. They told us supplies of PPE were delivered to people's homes and were always available when needed.



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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 14 Registration Regulations 2009 Notifications – notices of absence  The registered person must notify the Commission of the absence of the registered manager. Regulation 14
Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents  The registered person must notify the Commission without delay of any abuse or allegation of abuse in relation to a service user. . Regulation 18 (2) (e)
Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  Service users were not protected against the risks associated with abuse because systems to do so were not in place. Regulation 13 (2)
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Service users were not protected from unsuitable staff being employed because recruitment procedures were not established and operated effectively. Regulation 19 (2) (3) (a)

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Service users were not protected by assessing and mitigating risks to their safety or ensuring their medicines are safely managed. Regulation 12 2 (b) 12 2 (g)</p> <p>Service users were cared for by staff who did not have the qualification competence and skills to do so safely. Regulation 12 (2) (c)</p> <p>Service users were not protected from care being provided in an unsafe way though the lack of a clear plan of the care they require. Regulation 12 (1)</p>

### The enforcement action we took:

Issued a warning notice

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There was a lack of systems to assess, monitor and mitigate against risks relating to the health, safety and welfare of service users. Regulation 17 (2) (a)</p>

### The enforcement action we took:

Issued a warning notice