

The Local Care Company (Bolton) Limited

# The Local Care Company (Bolton) Limited

## Inspection report

202-204 Chorley Old Road  
Bolton  
Lancashire  
BL1 3BG

Tel: 01204431270  
Website: [www.thelocalcarecompany.co.uk](http://www.thelocalcarecompany.co.uk)

Date of inspection visit:  
08 June 2018  
13 June 2018

Date of publication:  
30 July 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 announced inspection of The Local Care Company on 08 June 2018. We also gathered the views of people who used the service and staff members via telephone calls between the 10 and 13 June 2018.

The Local Care Company is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. Not everyone using The Local Care Company receives regulated activity; the CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

At the time of the inspection, there were 74 people receiving a regulated service from The Local Care Company.

We last inspected the service in June 2016 when we rated the overall service to be good. Although the service was rated as good overall, it was rated as requires improvement in the responsive key line of enquiry (KLOE). This was because we identified a breach of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; person centred care.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question; responsive to at least good. We received this in July 2016. During this inspection we found the provider had addressed the previous regulatory breach and was now meeting all requirements of the regulations.

At this inspection the rating for the responsive KLOE had improved to good. We found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At the time of our inspection, there was a manager in post who had not yet been registered with the Care Quality Commission (CQC), however we saw evidence that this application had been submitted and their application was on going. 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.

All the people spoken with told us they were safe because of the care they received. We saw people were supported by a consistent staff team and they told us staff were punctual and reliable.

Risks to people had been assessed and were managed safely. People's health, dietary and fluid needs were

identified and met. Processes were in place to safeguard people from the risk of abuse.

We found medicines were managed safely. The service had effective systems in place to ensure medicines were given appropriately.

Staff continued to receive an effective induction in to the service and had ongoing training and support to meet the requirements of their role.

The staff were familiar with the requirements of the Mental Capacity Act 2005 and acted in accordance with this legislation.

People told us that the staff respected their privacy and dignity and promoted their independence where possible.

People were encouraged to make decisions and choices about their care and these were respected by the staff supporting them. They spoke fondly of the staff and regarded them as caring and considerate people.

People received personalised care that was responsive to their needs and care plans were complimented by electronic guidance which could be inputted and updated as changes in care needs occurred to ensure staff had access to the most up to date guidance.

People and staff were familiar with the complaints process and we saw complaints had been handled efficiently to support the complaint to be resolved.

People and staff spoke positively about the service and there were sufficient systems in place to ensure safe and effective care was provided.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service has improved to Good

People received personalised care that was responsive to their needs.

Care plans contained information about people's likes, dislikes and how they wished to be supported.

There was a clear complaints process in place and we saw complaints had been responded to timely.

### Is the service well-led?

Good ●

The service remains 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 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.

The inspection site visit took place on 08 June 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure someone would be in the office to facilitate the inspection.

The inspection visit was conducted by two adult social care inspectors from the Care Quality Commission (CQC). Telephone calls were made to people using the service and staff between 10 and 13 June 2018.

Prior to the inspection the service completed a Provider Information Return (PIR), which is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also looked at any information we held about the service. This included any notifications that had been received, a notification is information about important events, which the provider is required to send us by law. We also spoke to the commissioning team at the local authority and they did not raise any concerns about the service.

As part of the inspection we spoke to the nominated individual, the manager, three staff and eight people receiving support from the agency.

We looked at nine care files, five staff files and four Medication Administration Records (MAR). We also reviewed other records held by the service including; training information, policies and procedures and audit documentation. We used all this information to inform our judgement.

# Is the service safe?

## Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of good. At this inspection we found the service continued to be good.

All the people we spoke with told us they felt safe because of the care they received. Comments included, "Yes, the carers are excellent. I have no concerns.", "Yes, I've no worries whether safe. They are all pretty good.", "Yes, I'm happy with the service. Nothing has ever been amiss."

We found there were sufficient numbers of staff deployed to provide safe, effective care. Staff visits continued to be recorded electronically and monitored by the office staff. People told us they received care from a consistent staff team, staff were punctual and there were no missed visits. Comments included, "No missed visits, I've had them for over four years and they've never missed me.", "No, I've never had a missed visit. Definitely nothing like that", "It's a while since they ever missed a visit and I mean a long while since. At the time it happened, I phoned the office and they checked where the staff were and then they sent somebody else."

At our last inspection we did not identify any gaps in the recruitment process. At this inspection, we looked at five staff files and found the provider had maintained safe recruitment procedures. This ensured people were supported by staff that were suitably checked to determine they were safe to work with people in isolation in their own homes.

Staff had received safeguarding training and the processes in place remained effective. Staff spoken with were knowledgeable regarding safeguarding matters and the reporting procedure. Staff told us, "We've had safeguarding training. Any form of abuse would be a concern. I would report to my manager and document the concern.", "I've worked in care a long time so I have done this training a few times now. I'd document and report any concerns to the office."

Risk assessments had been completed which identified people's individual risks and detailed the equipment and support needed to manage the risks. We found risk assessments were clear and contained sufficient detail to ensure staff knew how to support people safely.

When accidents, incidents or near misses had occurred these were recorded electronically in the person's notes, which included a brief description of what had occurred, the action taken and the outcome. The nominated individual and manager demonstrated they maintained oversight regarding people's individual needs and they had referred people to their social worker when trends in falls had been identified.

Records confirmed all the staff had received medicines training and had their competency assessed. We looked at four medicine administration records (MARs) and found there were no omissions of signatures. Staff confirmed medicines were always available as required and if an issue arose that medicines were not available, they would contact the office or people's families to get the issue resolved.

Staff followed infection control procedures and confirmed they wore personal protective equipment (PPE) when supporting people with personal care routines.

# Is the service effective?

## Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of good. At this inspection we found the service continued to be good.

All the people spoken with told us the staff had the right knowledge and skills to provide effective care. Comments included, "They are very good. I can't fault them.", "They are all well trained. Care is consistent and done the same.", "No concerns, the staff know what they are doing."

Staff continued to receive an appropriate induction in to the service which included watching social care DVD's and answering questions on; medication, food hygiene, safeguarding, first aid, safeguarding, health and safety and moving and handling. A practical moving and handling session was completed and staff shadowed experienced staff until they were deemed competent. The manager told us if there were any gaps in staff skills following the competency assessment, the staff member continued to shadow experienced staff until these were resolved before providing care without support and supervision.

Staff completed the Care Certificate within three months of commencing at the service. The Care Certificate was officially launched in March 2015 and is the new minimum standards that should be covered as part of induction training of new care workers. Staff were also encouraged to undertake further vocational qualifications.

The staff we spoke with said they received the training and ongoing support they needed to ensure they were skilled and competent to deliver people's care. Supervision was provided quarterly and staff confirmed they could ring the office and request additional support if they required this. One staff member said, "Yes and I could ring and speak to a manager and get extra support if needed. They really are very good. I've worked for four agencies and this is definitely up there as the best."

People's health care needs were identified in their care plans. We saw people were receiving support from other healthcare professionals such as speech and language therapy (SaLT) and occupational therapists. People's needs were effectively communicated to staff to ensure people's needs were met

We looked at how the service supported people to maintain a balanced diet. Care plans contained guidance on the support each person required in respect of food, drink and nutrition. People that required support with meal preparation were supported to exercise choice regarding the meals that were prepared to ensure their preferences were met.

Staff had received Mental Capacity Act (MCA) training and the staff spoken with demonstrated a good understanding of the MCA and considerations when supporting people that may not have capacity to consent to their care. People told us they had provided consent to their care and confirmed staff sought this each time they undertook care tasks. People said, "I am pretty independent, they check with me first but we are in a routine because I've had them a while now so they know me.", "Yes, they do it in conversation.", "Oh yes, they ask my permission first. I've already given my consent but they still ask me again."



## Is the service caring?

### Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of good. At this inspection we found the service continued to be good.

All the people spoken with were positive about the staff and said they were kind and caring. Comments included, "The staff are very caring. They are very understanding and lovely people.", "Yes, the staff are caring. I like them.", "Yes. I have a good chatter with them. They are like friends now.", "They are very nice people."

People were supported by a consistent staff team and told us they were comfortable with the staff supporting them. Staff told us, "There is continuity of staff and service users. I wouldn't work here otherwise.", "Yes, set staff support the same people. I can do all the runs though so I can go to another person if needed as I have met all the people supported."

Staff told us how they maintained people's privacy and dignity, offered choice and made sure people were covered up appropriately when providing personal care. A staff member told us; "I came into care because I wanted to make a difference to people's lives. I make sure people feel cared for."

People said they were treated with dignity and respect. Comments included, Yes, they treat me with dignity and respect. They are genuinely lovely people. I have absolutely nothing negative to say.", "I am very independent. They are very respectful of that fact."

People confirmed they were involved in their care and we saw their care plans included information about their needs regarding age, disability, gender, race, religion and beliefs. Care plans also included information about how people preferred to be supported with their personal care and whether they had a gender preference regarding the staff member providing their support. Staff we spoke with could tell us about people's preferences and routines and demonstrated they were familiar with the needs of the people they supported.

The service ensured people were consulted about their daily lives and supported to make their own choices. People told us staff promoted their decision making to enable independence with their day to day living choices. Staff said, "People tell us how they want their care provided. We meet people's individual needs and how they chose for things to be done.", "People have their quirks and how they like things doing. I make sure that I do things for people the way that they like it to be done. We are all different."

We saw independent advocacy services were appropriately involved if a person needed support to express their views. Advocates are people who are independent of the service who can support people to make important decisions and to share their views and wishes.

All the people spoken with rated the service they received highly. Comments included, "The service I receive is excellent. They are extremely good.", "They are quite good, I can't fault them really.", "I'd rate the service

as very good. I've never had any issues whatsoever."

## Is the service responsive?

### Our findings

We checked the progress the registered provider had made following our inspection in June 2016 when we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as people's care plans did not contain sufficient information to determine their care needs and personalised information including their likes and dislikes.

At this inspection we found the provider had made improvements to their care planning and was now meeting this regulation.

We asked people if they had been involved in an initial assessment and the development of their care plans prior to the commencement of the service. People said, "Yes, I had an assessment and social services were there too. They did a care plan together and this is in the file.", "Yes, but there haven't been any changes and as I've had the same staff a while so they don't need to keep looking at it now.", "Yes, and I have a care plan with everything in."

At our last inspection, we looked at four care plans and found they didn't contain sufficient detail regarding people's likes and dislikes and how people needed their care to be provided. Since our last inspection a staff and client liaison role had been developed and it was their responsibility to ensure all this information was captured.

During this inspection we looked at nine care plans and found they contained basic information regarding what people wanted support with. For example, one person's care file indicated they had requested support with; personal care, dressing, shopping, emptying their commode, laundry, food and drink preparation, telephoning orders, washing up, feeding the birds and recycling. The electronic system used to support care delivery complimented paper based care plans and contained additional information regarding people's care needs. This included information about the level of support people required and more personalised information regarding the person, like how the person liked their drink, what was important to the person and their relationships.

Staff confirmed risk assessments and care plans were always available and were a document that evolved following people's initial entry in to the service. Staff said; "Yes, when people first come to us the risk assessment and care plans may not contain loads of information as they are developed as we get to know people." "Yes, and they are easy to follow and well laid out. We also receive additional information electronically with our rota which can change weekly depending on the person and their needs."

We confirmed the provider was meeting the requirements of the Accessible Information Standard (AIS) by identifying, recording and sharing the information and communication needs of people who used the service with staff and relatives, where those needs related to a disability, impairment or sensory loss

The service provided End of Life care (EoL) and ensured people's care needs were met working alongside district nurses providing palliative care.

The provider took account of complaints and compliments to improve the service. A complaints log, policy and procedure were in place and people told us they were aware of how to make a complaint and were confident they could express any concerns. People said, "No, I've never needed to make a complaint but I have the number to ring if I needed too.", "Yes, I've complained but only once and they sorted it. It was all resolved and hasn't occurred again.", "I've not made a complaint. I would be able to make one to the staff that support me if I needed too."

Staff demonstrated they were aware of the complaints process but confirmed complaints were not something they regularly encountered. Staff said, "I've not taken any complaints. If somebody was unhappy about something, I'd try and resolve it and report it to the manager." , "No, I've never personally taken a complaint or received a complaint about me as I know of."

# Is the service well-led?

## Our findings

At the last comprehensive inspection, we found the service was well-led and awarded a rating of good. At this inspection we found the service continued to be good.

At the time of our inspection, there was no registered manager in post. The registered manager had left the service in March 2018. A manager had been identified within the service who had worked for The Local Care Company for eight years. We saw the manager had submitted their application to register with CQC and their application was progressing whilst undertaking the inspection.

At the time of the inspection, the nominated individual and manager were working towards a level five in management which they felt would further enhance their leadership skills.

We saw there were internal audit systems in place which continued to identify any gaps in service delivery. Staff underwent observations and spot checks of their work to identify gaps in competence and would complete additional training or receive support to rectify these.

The nominated individual told us the service had improved since the introduction of the staff and client liaison role. They were confident about the direction the service was going.

People we spoke with told us they received regular communication through newsletters and had received the summary of our last report. A service user guide was kept in people's care file in their homes which contained key information and contacts.

The staff spoke of a positive culture and said they were asked for their opinions about the service. Staff rated the care provided as very good. Staff comments included, "I'd say it's a good service. We help each other.", "It's a very good/excellent service. We and the management are all very hands on."

The service was committed to retaining staff and had made three pay increases since July 2017. Staff received pay for travel between visits and there were pay incentives for completing additional qualifications in care and not being off work sick.

Staff meetings continued to be held at different times to support staff attendance. Staff also told us they were contacted by management regularly to enquire after their welfare and to determine they had no issues or concerns

The provider continued to attend quarterly meetings with the local authority through provider forums and discusses partnership working with other services and attendees. The forum was a support network to drive improvements and the local authority were positive about The Local Care Companies attendance and engagement.

People were complimentary about the care received and stated they would not hesitate to recommend the

service to others. Comments included, "Based on my experiences, yes definitely. From the care I get, I wouldn't hesitate to recommend this care service to other people.", "I would recommend them, they are good as care companies go.", "I can only base this on my experience which has been very good so yes, I'd recommend them to others."

Providers are required by law to notify CQC of certain events in the service such as serious injuries, deaths and safeguarding related issues. Records we looked at confirmed that CQC had received all the required notifications in a timely way from the service.

It is a legal requirement that providers display the rating they received at their last inspection, within the service and on their website if they have one. The provider does not have a website but the last report was displayed at the service and people confirmed they had received a copy.