Local Care Services 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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This was our first inspection of the service at its current location. On 17 April 2018 we spoke by phone with people who used the service. We visited the office on 18 April 2018 and spoke by phone with care staff on 19 April 2018. We gave the provider notice we were coming as Local Care Services is a domiciliary care agency and we needed to be sure someone would be in the office to speak with us. Local Care Services provides personal care to people living in their own houses and flats in the community. It provides a service to adults, most of whom are older people. At the time of our inspection 58 people used the service.

There was an experienced registered manager in post when we inspected. 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 felt safe using the service, and we saw risks were well assessed. Staff were recruited safely, had a good induction and on-going training, and had regular meetings to discuss their performance and any support they needed. Staff understood how to recognise and report any concerns about any potential abuse. The registered manager notified CQC about any incidents when this was necessary. People told us staff would call health professionals, such as doctors and district nurses as required.

There were good processes in place for managing calls which meant people saw regular staff at the times they expected. If staff were running late there were procedures in place to ensure people were contacted in a timely way.

Medicines were managed safely. An emerging issue with the recording of application of creams was addressed immediately during our inspection. Staff had access to personal protective equipment (PPE) when they needed to use it.

People made decisions about their care. There were appropriate processes in place to ensure the provider was working to the requirements of the Mental Capacity Act 2005 in assessing people's capacity to make specific decisions and give consent to their care and support. Staff had a good understanding of the importance of offering choice to people. People told us staff asked what they wanted to eat, or prepared meals for them according to menus they had written.

Care was planned in a person-centred way. People told us staff were kind and caring and included them and their relatives in writing and reviewing care plans. Staff understood how to protect people's privacy and dignity, and we saw people's independence was promoted. The planning and delivery of care was responsive to changes in people's needs and preferences.

There were processes in place to ensure complaints were addressed appropriately, and people were asked if they were happy with the way their concerns were addressed and resolved. We saw the service received

regular compliments about the quality of care provided.

We received good feedback about leadership and quality in the service from people, their relatives and health and social care professionals. The registered manager had processes in place to involve people and staff in the running of the service, and ensured quality of service provision was measured and tested at regular intervals.

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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.

Risks associated with people's care, support and environment were well assessed. Calls were planned to ensure people had support from regular staff at times they preferred.

Staff were recruited safely and understood how to report any concerns about people's safety.

People received their medicines when they needed them. An issue with the recording of creams was addressed during our inspection.

Is the service effective?

Good

The service was effective.

Staff had a detailed induction and on-going training. Regular supervision meetings helped staff remain effective in their roles.

There were good processes in place to assess and document people's ability to consent to aspects of their care and support.

Staff referred people to health professionals when needed.

Is the service caring?

Good

The service was caring.

People and their relatives said staff were friendly and caring.

People were treated with dignity and respect, and we saw independence was promoted.

Care planning included people and their relatives.

Is the service responsive?

Good

The service was responsive.

Care plans were person-centred and based on a thorough

assessment of people's needs.

People and their relatives were involved in regular reviews of their needs and preferences.

People had access to information about how to complain, and systems were in place to ensure any complaints or concerns were addressed.

Is the service well-led?

Good

The service was well-led.

People told us they were happy with the quality of the service, and we received positive feedback about how the service was managed.

There were effective systems in place to ensure quality was regularly monitored.

People and staff had regular opportunity to give feedback about the service.

Local Care Services 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 provider was given short notice of our intention to inspect the service. This is in line with our current methodology for inspecting domiciliary care agencies to make sure the registered manager would be available. Inspection activity started on 17 April 2018 and ended on 23 April 2018. It included visiting the office, speaking with people and their relatives by phone and interviewing staff by phone. We visited the office location on 18 April 2018 to see the registered manager and office staff, and to review documentation such as care records, policies and procedures.

The inspection team consisted of one inspector, an assistant inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed all the information we held about the service, including notifications the registered manager is required to send us about certain incidents in the service. We also contacted other bodies such as health professionals, service commissioners and Healthwatch. Healthwatch is a consumer champion that gathers information about people's experiences of using health and social care services in England. We did not receive any information of concern from any of these bodies.

The registered manager had completed a Provider Information Return (PIR) in March 2018. The PIR is a document which asks for information about what the service does well and any improvements the provider plans to make. We used this information in the planning of the inspection.

During the inspection we spoke with the registered manager, three care co-ordinators, eight members of care staff, nine people who used the service and three relatives. We looked at four people's care plans, including medicines administration records, and other documents relating to the running of the service.

Good

Is the service safe?

Our findings

Unanimous feedback from people and their relatives was that the service was safe. Comments included, "I feel very safe. I should do, I've been with them eight years," "I feel very safe with them, especially in the shower as I can feel a bit wobbly and they make sure I don't fall," and "I do feel safe with them, they have a difficult job with my care because they are dealing with potentially toxic fluids when they change my dressings and have to be extra careful." Relatives also gave positive feedback in this area. One relative told us, "Yes, [name of person] is safe with them. They are very safety conscious." Another relative said, "[Name of person] is very safe, [staff] hoist them and there has never been a problem at all."

We saw care plans contained assessments of risks associated with people's care and support and also any environmental risks staff needed to be aware of when attending people's homes. There was clear guidance to show how people should receive care in ways which minimised these risks and respected their individual wishes and preferences.

Staff records we looked at evidenced recruitment practices in the service were safe. Offers of employment were not made until adequate background checks had been made, including receipt of satisfactory references and information from the Disclosure and Barring Service (DBS). The DBS holds records relating to individuals who may be barred from working with vulnerable people.

Staff we spoke with understood how to recognise signs of potential abuse when working with people, and how to report these appropriately. They told us they were confident the registered manager would take action to address their concerns, and records of notifications sent to the CQC confirmed this. A staff member told us, "I do feel confident identifying abuse and feel confident reporting issues. I would report anything to [name of registered manager], if they didn't do anything I'd go to social services."

Before the inspection we reviewed records of notifications sent to the CQC by the registered manager and saw these demonstrated a good knowledge of how and when to report concerns to us. One member of staff told us, "I make sure people are safe, people are definitely kept safe. We work in people's homes and every home is different, I have to judge that client as a person in that environment. I would report any concerns to the manager." Staff we spoke with were aware of the whistleblowing policy in the service and said they would feel comfortable raising alerts in this way. One staff member said, "Whistleblowing policy is in place, I do feel confident [the registered manager] would act."

Calls were planned to ensure continuity of staff attending people's homes, and people told us this was working well. The registered manager told us they checked to make sure people were happy with the staff providing their care and support to ensure they had been matched well, and people told us this was the case. One person said, "I have had the same carer for four years. She is fantastic." Another person told us, "They are usually the same ones and they have ID cards." A relative said, "I did ask that one did not come back, and they have not sent her since."

The registered manager told us they wanted to limit the geographical spread of their service in order to

remain a part of a local community where people and staff may know each other and journey times between calls were limited. People were free to request calls at times which suited them, and change them if their needs or preferences changed. Staff logged in and out of each call, enabling care co-ordinators to monitor call performance, and there were processes in place to ensure people were told if staff were running late for any reason. The registered manager had systems in place to monitor the timeliness of calls. People were asked during reviews and in surveys if they felt this aspect of the service was well managed and safe, and this information was also provided to commissioners of services as part of the contractual agreement.

Staff we spoke with told us calls were planned to take travel time into account, and said if they knew they may be late they would inform the office so that a care co-ordinator could speak with any people who may be affected. One staff member said, "I would ring the office if I was running late and clients tend to understand my reasons because I'm never too late for it to make a difference."

People told us staff usually arrived when they were expected and stayed for the full call duration. One person said, "They never seem rushed and do everything I need doing." Another person said, "They never rush while they are here or to dash to the next call." A relative told us, "They are never rushed, they do all [name of person] needs and more."

We made checks on whether medicines administration was safely managed. We saw medicines administration records (MARs) were well completed for tablets and liquid medicines, with reasons for non administration recorded, for example where the person had declined. Where medicines were in pre-packaged doses, often known as 'dosette boxes', there were records for each person to show what medicines were given. We found there was an emerging issue with the recording of topical medicines such as creams and lotions, however. Some gaps were seen in the most recent month's records, and the registered manager told us these had not yet been checked as the medicines co-ordinator had been unwell. Responsibility for this activity had been given to another member of staff, but they had not yet checked the records we looked at. There was an immediate response to this from the registered manager and care co-ordinators. The audit form was revised and re-issued during our visit, and we saw plans put in place to communicate with staff to ensure they were reporting any gaps on MARs on each visit. When we spoke with staff after we had been to the office we found they were aware of what we had found. One staff member told us, "I am aware of a small issue, everyone got a message via the text messaging service today reminding us to ensure it [the topical MAR] is always signed."

People we spoke with said staff supported them appropriately with their medicines and any creams they needed assistance to apply. A person who used the service told us, "They give me my tablets in the morning, never had a problem." Another person said, "They change my dressings, they do a really good job." A relative told us, "They put cream on [name of person]'s legs every morning."

Staff we spoke with told us they had received training in the administration of medicines and said they felt they had the skills and support to do this safely. A member of staff said, "We have a medication coordinator as well who supports us with any issues."

Effective infection control procedures were in place. Staff told us they were supplied with personal protective equipment such as gloves and aprons, and people who used the service confirmed these were used by staff appropriately.

Good

Is the service effective?

Our findings

People and their relatives told us staff had the right skills and experience to enable them to provide effective care and support. One person said, "Absolutely they are well trained. Nothing could be done better with them." Another person told us, "Yes they are very good and professional ladies. They know how to look after me well." A relative said, "The carers are all well trained and very professional. They know how to support [name of person] and go the extra mile for them."

We saw staff received a very thorough induction, including completion of the care certificate, classroom training at a training institution and a long period shadowing more experienced staff. During this time staff's understanding of their training and competence in care delivery was closely monitored. One member of staff told us, "I had a three day induction at The Care School. The training was very useful, and I am due some refreshers soon after 12 months." The registered manager told us all staff, regardless of previous experience, completed the Care Certificate as a key part of their induction. The Care Certificate is a set of standards for social care and health workers aimed primarily at staff who do not have existing qualifications in care such as an NVQ (National Vocational Qualification). The registered manager explained they expected all staff to complete this as it ensured everyone had the same, current standard of training when they began delivering care to people who used Local Care Services.

There was a programme of regular refresher training in place which helped ensure staff's skills were kept up to date. We saw records of staff attending training in such areas as dementia care, Mental Capacity Act 2005 (MCA), food hygiene, first aid and medication administration. We saw there was a planner to assist the registered manager in arranging training in a timely manner.

There was also on-going support for staff in the form of regular supervision meetings, during which care co-ordinators checked competencies and gave and received feedback about general performance in the role. A member of staff said, "I have lots of supervisions. I can have training too any time I feel it is necessary. They are very supportive if there is anything you're unsure of." Another member of staff also confirmed they were able to ask for additional training at any time. They said, "Anything I want I can have."

The 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.

Care plans contained evidence people's capacity to make specific decisions was assessed where needed, and when people had capacity to consent to their care we saw they signed their documentation. We saw there was information to help staff understand where people may need support to make decisions, and how staff could best assist the person. There were frequent prompts within the descriptions of care and support for staff to ensure they offered people choice. We found the registered manager had a good understanding of the requirements of the MCA and formal ways in which they could support people who may lack capacity,

for example they had prepared paperwork to record any best interest decisions should these be needed. They told us, "The care co-ordinators and staff know to assess people as they are working with them, and if we felt there were any issues with someone's capacity we would work with their social worker if they had one to help with the processes around consent."

Staff we spoke with understood the importance of offering people choice and respecting what people wanted. This included any refusing of care, for example not taking medicines or receiving any aspect of personal care. A staff member said, "If someone refuses, it's their right." Where people refused medicines staff understood the importance of reporting this.

People emphasised the choices they were offered when staff supported them with meals. For example, one person told us, "They will get a meal ready for me if I am not up to it. I choose what I fancy." Another person said, "They get my lunch ready for me, whatever I want."

Staff told us how healthier eating was promoted. Some people planned menus with their relatives and ensured the food was in the house for staff to prepare. This meant people were actively involved in ensuring their diet was varied and to their taste. A member of staff told us, "People are definitely supported to have a balanced diet; we work alongside health professionals and families. One person for example will always say they want to have nothing to eat, so we try to encourage them to eat more." Another member of staff said, "Some people have menus set by families or someone who does their shopping but some clients chose what they like. I always offer a choice from the fridge and cupboards. It's important they have a choice."

Care plans contained information about the kinds of food and drinks people preferred or enjoyed, and we saw some people's families supported them to have the ingredients

People and their relatives were confident staff would act appropriately if there were any health issues apparent whilst they were supporting people. A person said, "If they are worried about anything the will ring the district nurse for advice." A relative told us, "They have called the doctor in the past for [name of person]. They always let me know straight away."

Good

Is the service caring?

Our findings

When we visited the office we found the service was driven by a passion for providing personalised, locally based support for people. Feedback we received from people and their relatives showed this had resulted in people experiencing a caring service in their homes. One person told us, "They [staff] are always pleasant and friendly. It's a pleasure to see them." Another person said, "They treat me very well. They know my needs and are always pleasant and friendly." A third person told us, "They all go the extra mile, nothing is too much trouble." A relative told us staff were very skilled in providing caring support for someone who could be resistant to receiving personal care. They said, "They [staff] think the world of [name of person]. They are very patient and tolerant with them."

We looked at people's care plans and found these were person-centred in their style. We saw information relating to what was important to people and any goals they wanted to achieve. There was personalised information about how to provide care and support people may need with communication and decision making. This information was unique to each person and showed the provider and staff got to know and understand people well.

Staff we spoke with gave numerous examples of how they ensured people's dignity and privacy were respected when delivering personal care. Comments included; "We close doors, close curtains and blinds and cover with a towel, offering reassurance where needed," "I cover people up to keep their dignity and re assurance and talk to them. Some people do require just limited support but I make sure their clothes are on hand, preparation is the key," and "I'm always very respectful I don't embarrass people, I offer people a lot of reassurance and let them know exactly what I'm doing and when I'm going to do it."

We found staff were also skilled in promoting people's independence as much as possible. One member of staff said, "I'm there to do the bits for people that they can't do but I encourage people to do things they can do, I will do for them what they can't. I help people in the kitchen and encourage them to help themselves." People who used the service confirmed this was the case. One person told us, "I have had a stroke, so they give me confidence to do things and always listen to me." Another person said, "They give me time to do things."

Good

Is the service responsive?

Our findings

People and their relatives were aware they had care plans, and gave us some examples of how the provider worked to involve them in the processes of planning and reviewing the support they received. One person told us, "They do everything the way I like it or want it." Another person said, "My needs change from day to day as my needs vary so much, but my care is just as I want it." A relative told us, "There is a care plan and it was reviewed a couple of weeks ago." Another relative said, "I like the fact they include me and listen to me. They ask my opinion on things."
A social care professional told us, "[The registered manager] will work with you to ensure the service users' needs are best met."

Care plans contained referrals from service commissioners such as the local authority, who provided a description of the support people needed, for example the number of calls, the preferred times for these and what staff would need to assist the person with. In addition we saw the provider then carried out their own detailed assessment with the person to ensure they fully understood the person's needs and preferences and were certain they were able to meet these before the person began using the service. This information was used to develop a person-centred care plan that gave clear information about how people preferred to receive their care and support. This evidenced the provider worked closely with people to ensure they developed a good understanding of how to provide individual support. For example, one person's care plan stated, '[Name of person] is able to read and write, but prefers others to do this for [them]. [Name of person] likes to have correspondence explained so they can discuss what they want to do.'

People's spiritual and cultural needs were also discussed during this assessment, and we found the registered manager had a good understanding of the requirements of the Accessible Information Standard (AIS) and how this impacted on ways in which the service may need to respond. The AIS aims to ensure people with a disability or sensory loss are given information in a way they can understand, and it is a legal requirement that adult social care services comply with its principles. At the time of our inspection there was no one using the service who needed care information or other documents providing in an alternative format.

Care plans were reviewed regularly, with several triggers for reviews. A care co-ordinator gave us examples of circumstances where they would feel a review of care was needed, for example if a person was returning home from a stay in hospital. They said, "Coming out of hospital is especially important. All sorts can have changed, from the help people need to not having all their tablets or having new ones. We'd want to make sure people were safe and settled."

We saw staff received timely updates on changes in people's needs, including through text alerts and in a weekly newsletter. The newsletter contained information about changes to people's calls, This ensured staff had regular access to information which helped them provide care responsive to people's needs.

People and their relatives told us they understood how to raise concerns or complaints and had confidence these would be dealt with appropriately. For example, one person said, "Any niggles are sorted straight

away. I have no problems with them at all."

There were systems in place to ensure complaints and concerns were responded to in a timely and meaningful way. People were given a copy of the complaints procedure in documentation provided to them when they began to use the service, and where complaints had been received we saw there was appropriate investigation and feedback to people. There was also follow-up survey activity which checked whether people had had enough information provided to understand how to raise concerns with the service, whether complaints had been resolved to their satisfaction and the overall responsiveness of the service. The registered manager was able to tell us how resolving some complaints had led to improvements elsewhere in the service, for example in changing policy and procedure to help ensure the same circumstances did not arise again.

We saw compliments were regularly received by the service. Comments from these included, "This has been a long and successful partnership with a wonderful team of carers," "I am really happy with staff after [my relative] had an accident, they really cared," "I will be forever grateful for the kindness and support, hard work and commitment you have given to [my relative] and me, enabling [name of person] to stay in their own home," and "We were lucky to have your kindness, support and wonderful care. Without it [name of relative] would not have lived on their own. I will be forever grateful."

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Is the service well-led?

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