

Clover Health and Homecare Limited

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Inspection report

First Floor, Aztec Centre
Aztec West, Almondsbury
Bristol
Avon
BS32 4TD

Tel: 01454203328

Website: www.cloverhealthandhomecare.co.uk

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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

The inspection was announced and took place on 28 and 29 August 2018. We gave the provider 48 hours' notice of the inspection. We did this to ensure key staff would be available at the service. At the time of the inspection the service was providing personal care to eight people living in their own homes.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the time of the inspection the service employed, a registered manager, business manager and care staff. Both the registered manager and business manager were joint directors of the service. They worked closely together to help manage the service and provided personal care to people.

People felt safe and there were systems in place to safeguard them from risk of possible harm. People had individual risk assessments so that staff had the information they needed to support them safely and minimise the identified risks.

People's medicines were being managed safely and administered by staff that were trained. Medicine administration records contained updated guidance to staff and were fully completed. Changes in people's health were identified quickly and staff supported people and their relatives to contact their health care professionals.

Staffing levels were sufficient to meet people's needs and protected them from harm. Appropriate checks were made before staff started to work to make sure they were suitable to work with people.

To ensure staff maintained high standards when delivering care, regular spot checks were undertaken, and staff received regular supervision. They told us that they found supervision informative and instructive. They told us that their managers and supervisors were helpful and always available to speak to if they had any concerns. The service operated an on-call system to allow staff to contact a member of the management team in case of any emergencies.

Staff understood the importance of gaining consent from people and acted in accordance with the principles of the Mental Capacity Act 2005. Staff had a good understanding of people's needs and supported them effectively. People and relatives told us that staff were respectful of their homes and supported them to maintain their independence.

People were supported to eat meals of their choice and staff understood the importance of people having a nutritional diet.

Staff were described as caring, friendly and supportive. It was clear positive relationships had been built between people and staff. Communication between staff, people and their relatives was positive.

People's needs had been assessed and there were care plans in place that took account of their individual needs, preferences, and choices.

People and their relatives were aware of how to raise concerns or complaints. They said they had been asked for their opinions and if they were happy with the services they received.

There were processes in place to monitor quality and understand the experiences of people who used the service. People and their relatives were happy with how the service was managed. People told us they would happily recommend the service.

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.

Staff knew how to identify abuse and report any concerns.

Risks to people had been assessed and reviewed regularly to ensure their needs were safely met.

There were enough staff employed to meet people's care and support needs.

There was a robust recruitment process in place to ensure suitable staff were recruited.

Staff ensured that people managed their medicines safely.

Is the service effective?

Good ●

The service was effective.

Staff had an induction, training and supervision to support them in their role.

The registered manager understood the requirements of the Mental Capacity Act (MCA). Staff obtained consent from people receiving care and support.

People received the necessary support to eat and drink in line with their preferences and needs.

The service worked closely with health care professionals and supported people with their health care needs.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who demonstrated a caring nature and who were knowledgeable about people's needs and the care required.

People's privacy and dignity were respected and promoted by staff. People spoke positively about how caring the staff were.

People's independence was promoted and people were able to make choices in how they lived their lives.

Is the service responsive?

Good ●

The service was responsive.

People's individual needs were clearly reflected in their support plan which was reviewed by staff on a regular basis with the person.

People received the care and support they needed and this was adjusted in line with any changes in their needs.

There was a complaints procedure in place and people were informed about how to make a complaint if they were dissatisfied with the service provided.

Is the service well-led?

Good ●

The service was well-led.

People, their relatives, staff and appropriate professionals expressed high levels of confidence in the management and leadership at the service.

People were encouraged to provide feedback about the care and support they received.

The provider used the learning from quality assurance audits as an opportunity to improve the service.

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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, 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 28 and 29 August 2018 and was announced. We gave notice of our inspection to ensure key people would be available at the service when we visited. The inspection was undertaken by one adult social care inspector.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We had not requested the provider to complete the Provider Information Record (PIR) before the inspection. This is a form that asks the provider to give information about the service, tells us what the service does well and the improvements they plan to make.

We contacted four health and social care professionals as part of our inspection and invited them to provide feedback on their experiences when visiting the service. We received a response from one professional. Their feedback has been included in the main body of the report.

We spoke with three people on the phone that were supported by the service and two relatives. We spoke with five staff which included, the registered manager, the business manager and care staff.

We looked at the care records of two people, the recruitment and personnel records of three staff, training records, staff schedules and other records relating to the management of the service. We looked at a range of policies and procedures including, safeguarding and complaints.

Is the service safe?

Our findings

People and their relatives told us they were confident that they and their family member were kept safe at all times. The registered manager had not had to raise any safeguarding concerns. No concerns had been raised about the service. Staff were able to demonstrate a satisfactory understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and, how to escalate any concerns about a person's safety to the management team and external agencies. Staff told us they would not hesitate to raise a safeguarding alert if they suspected abuse. Staff training records confirmed that their training in the safeguarding of vulnerable adults was up to date.

Suitable arrangements were in place to manage risks appropriately. Risk assessments were in place and, information recorded within people's support plans identified any risks associated with individuals care and support needs. These related to people's manual handling needs, medication and more specific risks such as epilepsy. Environmental risks, including checks of people's houses and trip hazards to ensure the safety and wellbeing of people and staff were in place. The registered manager and business manager completed risk assessments after people's initial assessment.

The service had an infection control policy in place to protect people who received personal care and staff. Staff had received infection control training as part of their induction. They were supplied with personal protective equipment such as disposable gloves and aprons, to use as necessary. Staff compliance with the provider's infection control policy was monitored during spot check visits.

The service ensured there was enough staff to provide care and support to people. A review of the staff schedules showed visits were appropriately completed. The registered manager told us people's visits were regularly reviewed. The service had staff schedules in place with the visits covered one week in advance. The necessary amendments were made if staff cancelled shifts or were unwell. Both the registered manager and business manager were hands on and completed visits to people. The registered manager told us they were currently recruiting for care staff. They told us although people's visits were completed on time there was a need for more staff. They had highlighted this before our inspection and used recruitment websites to advertise for staff.

People told us that staff were reliable and punctual, and they received a consistent service. People we spoke with stated that staff did not appear rushed and had enough time to carry out their duties properly. The registered manager told us there were sufficient staff employed to meet people's needs. The number of staff required and the days and hours required to support people safely were agreed when people's needs were assessed. People's needs were regularly reviewed and where changes were needed, the level of staff involvement was also reviewed to ensure people's needs were met.

Before people could be supported with medicines the level of support they needed was assessed and recorded in their care records. People retained responsibility for their own medicines where possible. All staff received medicine administration training and spot checks were carried out by both managers to ensure medicines were administered safely. Staff we spoke with confirmed they had received training and

the spot checks had been carried out. We saw a record of these spot checks in staff files. Staff had to complete a medicine record after medicines had been given, these were returned to the office each month. Any discrepancies found were followed up

We looked at staff recruitment records and found staff had been recruited in line with safe recruitment practices. A minimum of two references had been received and checked. Disclosure and Barring Service (DBS) checks had been completed. This was completed before staff started work at the service. Such checks helped the registered manager to make informed decisions about an applicant's suitability to be employed in any role working with vulnerable adults. Records confirmed staff's identification had also been obtained. Staff confirmed their recruitment to the service was robust and they did not start work until all necessary checks had been completed. This ensured people could be assured that staff were of good character.

Is the service effective?

Our findings

People and their relatives said they felt staff at the service were suitably trained and sufficiently experienced to support their family member. Comments included, "The staff seem to know what they are doing and appear well trained" and, "Yes, the staff seem trained. I have seen new staff shadow other staff".

New staff were supported through a thorough induction programme. Staff told us they were given time during their induction to read people's care records and the policies and procedures of the service. New members of staff were mentored by the registered manager and business manager. New staff spent time shadowing the registered manager and business manager at people's visits. The registered manager told us they wanted staff to follow the values of the service. They were also able to provide one to one support. We were told this helped staff to get to know people before they worked unsupervised. The induction formed part of staff's probationary period, so the registered manager could assess staff competency and their suitability to work for the service and whether they were suitable to work with people.

Staff were supported through supervision, appraisals, staff meetings, induction and training. This provided staff with the opportunity to discuss their work performance and training and development needs. Both managers also undertook regular supervision with staff based on spot checks where they observed staff providing care. Staff confirmed they had received supervisions including spot checks. This was so the registered manager could be assured that care and support was provided in a safe and effective way. Staff told us they found supervision and appraisals supportive.

Training was planned and was appropriate to staff roles and responsibilities. Staff said they were well supported by the registered manager to attend learning sessions. They said they had received training which equipped them to carry out their work effectively. We looked at staff training records; these showed staff had completed a range of training. These included safeguarding and child protection, dignity and respect, health and safety, infection control, medicines training, moving and handling, first aid, equality and diversity. Plans were in place for staff to undertake epilepsy training as they supported a person with this illness.

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA and applications must be made to the Court of Protection. We found there to be no such orders in place.

Training records confirmed that staff had undertaken training in relation to the MCA. Staff knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions. People confirmed that staff explained what they were doing and sought their consent before they provided them with personal care. People told us they had signed their care plan to

demonstrate their agreement.

People were supported with their nutritional needs. Staff sometimes provided people with support to eat and drink if they required this support. Staff had received appropriate training in food safety. People's individual preferences were recorded within their care records. This gave staff guidance on knowing what people liked to eat and drink and any special requirements. For example, if people should follow a soft diet.

People were supported with their healthcare needs. People's care records included information about their medical history and any needs or risks related to their health. They also contained the contact details for people's GP and next of kin to be used by staff if they had concerns about people's health or well-being. The service worked closely with other professionals such as, GP's, district nurses, social worker and community physiotherapists. The registered manager told us that they supported people with medical appointments if they wished. At the time of the inspection the business manager attended a meeting at a person's house. This was because their GP was due to visit to follow up on a recent diagnosis.

Is the service caring?

Our findings

People told us staff were caring and that they were treated respectfully. One person told us, "Yes, the staff are very caring. I could not ask for better carers". Another person told us, "The staff are very friendly, caring and down to earth". A relative said, "The staff that visit seem really nice and caring. They get on really well with us".

People's needs were met to enable them to continue living at home independently with support. One relative described how the support provided had enabled their loved one to stay at home within the community they had been part of for years, rather than go into residential care. People's care plans included their assessed needs and considered their choices and any needs around equality and diversity.

The registered manager told us various factors were taken in to account when devising people's schedules and deciding which staff worked with which people. For instance, people were able to choose the gender of their care staff. They also sought to match staff with people who understood their needs. In this way, they sought to provide people with staff they felt comfortable with. To promote continuity of care the registered manager told us the same staff worked regularly with the same people so they were able to build up trusting relationships. When a staff member had to cancel a shift, the information stored on computer had details of which other staff had worked with the relevant person before. This meant the service was usually able to provide a replacement care staff the person already knew.

Staff we spoke with had a good understanding of the importance of treating people as individuals and respecting their dignity. They were able to describe to us how they protected the privacy and dignity of people by ensuring that where necessary doors were closed and curtains drawn when attending to people's personal care. People described how staff were sensitive when providing personal care. One person told us, "The staff are very considerate of me and are respectful". Another told us, "Yes, I think I am treated with dignity".

People were able to maintain as much independence as possible by having staff that empowered people. Staff also told us how they aimed to maximise people's independence when delivering care. The registered manager gave us an example of this. The service supported one person who had a high number of hospital admissions. Each time the person returned back home from hospital they were readmitted due to ill health and falls. The service asked the local authority for a meeting with professionals. The outcome from the meeting was that an extra visit was added during each day. The person was supported by staff for most care and support tasks. The staff worked with the person to enhance their independence. We were told more recently the person had started to cook for themselves. Funding had recently been agreed for the person to receive support to go out within the community. This was something the person had not been able to do for a long period of time.

Is the service responsive?

Our findings

People we spoke with consistently praised the service and the care staff. Comments included, "I have found Clover to be excellent" and, "I am so happy that I have such lovely carers". One professional told us, "Clover have always been very supportive and responsive via phone and email. I have been very impressed with the service they have provided". They also told us that the service successfully supported one person to complete an exercise programme. This resulted in an improvement in their strength and balance over a 6-week period.

Prior to starting to use the service, the registered manager or business manager met with people and their relatives to assess their individual care and support needs and to confirm the service could meet these. The registered manager told us people's support plans were developed in collaboration with people and their relatives. Where a person had requested only female care staff, we were told by people and staff that this was respected. We found the management team spent a long time matching care staff to people

The registered manager told us how they had gone out of their way to support one person. Before they assessed the person in hospital they visited their house which was found to be in a poor state. The person was told by professionals that they required support to be able to go home. The service supported the person to arrange for cleaners to clean their house, and to make it safe prior to discharge. The service supported the person from hospital to home and helped to introduce dementia wellbeing to the person. The registered manager told us when the person was in hospital they had no motivation and refused most care. With the support from the staff at Clover Health and Homecare the person was much more motivated. They were able to do things outside of their home and they had started to make their own meals.

Care records were in place which set out how to meet people's needs in a personalised manner. Staff told us they were expected to read people's support plans and demonstrated a good understanding of people's support needs. Support plans had been signed by the person or their relative where appropriate. This showed people were in agreement with the content of their plan. Each person had a comprehensive summary of need which listed the tasks that staff were to assist them with at each visit. People's schedules were written with a person-centred approach. For example, in one person's summary it recorded, "Staff to gently announce arrival" and, "Staff to assist X with choosing her clothes".

Care records were subject to review which meant they were able to reflect people's needs as they changed over time. The registered manager told us, "If there is a need, maybe someone goes in to hospital, we go out and do a review".

People told us they knew how to complain if required. The service had a complaints procedure in place. This included timescales for responding to complaints received and details of who people could complain to if they were not satisfied with the response from the service. Each person had an information pack in their homes which included advice on how to make a complaint. People told us they never had to complain but they could give us the name of the member of staff in the office who they felt they could complain to, should they need to. At the time of our inspection the service had not received any complaints.

Is the service well-led?

Our findings

People and their relatives were complimentary about the management of the service. They told us both of the managers and staff were approachable and easy to talk to. One person said, "It is very well run and seems organised. My last homecare service seemed chaotic. This one seems very good". Another person said, "So far things are going well. The staff are excellent and nothing is too much trouble". Relatives we spoke with told us, "The staff and managers are very good, supportive and approachable" and, "If I have needed to call the office they always answer my query. The staff seem very efficient". One professional told us, "I would go as far to say that the registered manager, is the best care staff member that I have ever worked with in the community over a 10-year period of time".

There was a clear staffing structure in place with clear lines of reporting and accountability. The registered manager and business manager were also the providers of the service and were thoroughly involved in the running of the service. Both managers completed visits to people and worked alongside staff. They took turns to manage the office and monitor people's visits.

Staff spoke highly of the registered manager and business manager. They told us they enjoyed working for Clover Health and Homecare. Comments included, "Both managers are supportive and manage the service well", "I feel supported by them. It is nice that we are a small service as we are a close team". Another staff member told us, "It is the best homecare provider I have worked for. They always try to make people and the staff happy".

Staff meetings were held regularly with the staff team. There were records of regular team meetings and staff were able to comment and make suggestions of improvements to the service. The minutes from meetings showed a range of areas were discussed including what was working well, not working well and information about the changes and developments within the service.

Telephone quality assurance calls and monitoring visits were carried out by both managers. These were in place to confirm staff were punctual, polite and respectful. Also, that they stayed for the correct amount of time allocated and that people were happy with the service. People's comments were recorded on survey forms with the necessary follow up actioned. One person had said, "I am happy with the care". The registered manager had sent out annual quality assurance questionnaires to people and their relatives. They had had a poor response and planned to complete a review of the service before the end of the year.

The service had systems and procedures in place to monitor and assess the quality of their service. The registered manager carried out monitoring checks on the call monitoring system daily. Other audits carried out included those to check medicines, care records, risk assessments, staff recruitment and training. Any issues found on audits were followed up to improve the service going forward.

The registered manager knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening within the service. We spoke with the registered manager as CQC had only received one notification from the service. They told us no other reportable events had occurred. The

registered manger knew when events were to be reported and how they could access the appropriate notification forms.