

Cloud Homecare Limited

Cloud Homecare Limited

Inspection report

16 Longhedge
Corsley
Warminster
Wiltshire
BA12 7QZ

Tel: 01373832597

Date of inspection visit:
13 July 2016
09 August 2016

Date of publication:
04 November 2016

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 inspection took place on 13 July and 9 August 2016. This was an announced inspection which meant the provider knew two days before we would be visiting. This was because the location provides a domiciliary care service. We wanted to make sure the manager, or someone who could act on their behalf would be available to support our inspection.

Cloud Homecare is a small domiciliary care agency, which provides care and support to people in their own homes on a short and long term basis. The agency currently supports people in Warminster and the surrounding villages.

The agency had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was present throughout the inspection.

People and their relatives were very happy with the service they received. They were fully involved in the development of their support plan and able to confidently tell staff what help they required at each visit. All support plans were comprehensive and well written in a respectful manner. People's visits were undertaken at a time which was convenient to them. They were always supported by the same staff who knew them well. This ensured good continuity and close relationships to be developed. Staff encouraged decision making and promoted people's rights to privacy and dignity. People told us the reliability of the service made them feel safe. They were very complimentary when talking about their views of the staff and registered manager.

Staff felt well supported and received a range of training to help them do their job effectively. The training involved courses which were deemed mandatory but also those more specific to people's needs. Staff were aware of their responsibilities to report a suspicion or allegation of abuse and to keep people safe. They safely supported people with their medicines and helped with meal preparation in line with people's wishes.

The agency was well managed with clear leadership from the director and registered manager. There was a strong value base and a commitment to provide people with high quality, person centred care. Good communication had been established with the staff team, which meant this approach was adopted across the service. There were organised systems to ensure the smooth running of the business. The quality of the agency was monitored through a range of audits and opportunities for people to give their views. Organised recruitment procedures were in place and there were sufficient staff to meet people's needs effectively.

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.

People were well supported by a small team of staff and the registered manager.

Potential risks to people's safety were identified and appropriately managed.

People told us they felt safe. The service was reliable and there were no issues with late or missed visits.

Is the service effective?

Good ●

The service was effective.

People were fully involved in decision making and directing their care.

Staff felt well supported and received a range of training to help them do their job more effectively.

People were happy with the support they were given with the preparation of their meals.

Is the service caring?

Good ●

The service was caring.

People were very complimentary about the staff and the service they received.

Positive relationships between people and staff had been developed.

Staff promoted people's rights to privacy, dignity, choice and independence.

Is the service responsive?

Good ●

The service was responsive.

Staff were responsive to people's needs and there was an emphasis on good quality, individualised care.

Each person had a detailed, comprehensive, well written support plan, which identified their needs and personal preferences.

People and their relatives knew how to raise a concern but did not feel the need to do so.

Is the service well-led?

The service was well-led.

The agency was well managed with clear leadership and organised systems in place.

Effective monitoring of the service was undertaken by gaining people's views and various audits.

The registered manager had a strong, person centred ethos which was portrayed throughout the service.

Good ●

Cloud Homecare 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.

This inspection was announced and took place on 13 July and 9 August 2016. The inspection was undertaken by one inspector.

We spoke with two people who used the service, three relatives, three members of staff and two health care professionals on the telephone. We spoke with the registered manager and the director of Cloud Homecare Limited. We looked at people's paper records and documentation in relation to the management of the agency. This included staff supervision, training and recruitment records, quality auditing processes and policies and procedures.

Before our inspection, we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. We asked the provider to complete a Provider Information Return (PIR). This 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. The PIR was fully completed and returned to us on time.

Is the service safe?

Our findings

The registered manager and director told us their greatest challenge was the recruitment of staff. As a result, the registered manager undertook people's support and worked alongside four staff within the team. Whilst this was sufficient to support those people who received a service, one staff member had just left and another was on long term leave. The registered manager told us further advertisements for staff had been placed and there had been some response. They were hoping there would be some successful applicants which when fully inducted and trained, would enable them to concentrate more fully on their management responsibilities.

People told us they felt safe. They said this was because they trusted and felt comfortable with the registered manager and staff. In addition, they said the service was reliable and they never needed to worry about staff not turning up to support them. One person told us "I trust the manager and all the staff whole heartedly. I have total confidence in them". Another person said "I know they keep an eye on me so that makes me feel safe. I feel totally safe when they're with me". Relatives told us they had no concerns about their family member's safety. One relative told us "I know X is in good hands. The manager will let me know if there are any problems and I trust her judgement totally". Another relative told us "I trust them fully. They are all very honest and sound. They always air on the side of caution. I think they are absolutely brilliant. X is so safe in their hands".

People told us they would inform the registered manager if they experienced any poor practice or were mistreated. One person told us "I can't think there'd ever be a problem like that but if there was, I'd just speak to the manager". Another person told us "it wouldn't happen. The manager and her staff are lovely. I can't fault them. I know it wouldn't happen". Staff told us they had recently undertaken training about keeping people safe. They said the training contained details of different types of abuse and their responsibility to report a suspicion or allegation. One member of staff told us safety was regularly spoken about by the registered manager.

Staff were given a copy of the safeguarding policy for their reference. The policy was clear, well written and contained flow charts to direct staff to what action they needed to take, dependent on the incident or allegation. This included how to report a potential allegation about the registered manager or director. Staff were confident when talking about what they would do if they were concerned about a person or could not gain access to a property. Such procedures were clearly documented and available for staff reference as required.

Potential risks to people's safety were appropriately identified and managed. The registered manager told us they often worked with people to balance risk and independence. There was a range of risk assessments which covered standard topics such as moving a person safely, infection control, the safe management of medicines and the person's environment. Other assessments were person specific. These included tissue viability and malnutrition. The information clearly identified potential risks and how these were to be minimised. Some assessments had been written following advice from health care professionals including an occupational therapist. The registered manager told us to ensure people's safety, staff always received

training on new equipment a person had been given. This included items such as a bath hoist or hospital bed.

The registered manager told us staff were competent to support people with their medicines but at the time of the inspection, only one person received this assistance. The person had an assessment and support plan related to their medicines. There was a list of the prescribed medicines and instructions for their use. Staff had consistently signed the medicine administration record (MAR) to show the person had taken their medicines as prescribed. The MAR was printed rather than hand written which minimised the risk of error. The registered manager told us they regularly checked the MAR to ensure staff were giving the medicines safely. Staff told us they had training in relation to the person's medicines. The registered manager confirmed more formal training would be sourced in the event of staff supporting more people with their medicines. Staff had access to a range of detailed, well written information about managing people's medicines safely.

An organised, robust recruitment was in place. All applicants were required to complete an application form, submit details of two people who could give an account of their performance and character and attend an interview. One of these people needed to be their present employer. All applicants were subject to a Disclosure and Barring Service (DBS) check. A DBS check supports employers to make decisions about an applicant's suitability to work with vulnerable people. The registered manager told us they had a strict criteria of those staff they wished to appoint. Due to this, they said they tried to find out as much information about the applicant as possible. There were paper records which evidenced the recruitment procedure that had been followed. Electronic records confirmed this process but also gave dates, when information had been requested and returned. This enabled a clear overview of the recruitment process for tracking purposes.

Is the service effective?

Our findings

The director and registered manager had a clear understanding of the Mental Capacity Act 2005 (MCA). 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 legally authorised under the MCA. For people receiving care in their own home, this is as an Order from the Court of Protection. There were details within people's support plans about decision making and any relatives who had been granted lawful authority to make decisions in a person's best interest. Staff told us promoting decision making was an important part of their role. They said they always asked people what they wanted them to do and promoted their independence.

Before using the service, the registered manager met with the person and their family to discuss their needs and what they wanted from the agency. This enabled people to direct their care and ensure the agency met their expectations. The registered manager told us they always completed the initial three visits to each person. They said this provided a full assessment of the person's needs and any adjustments to the care plan could be undertaken. The registered manager told us if there were particular challenges during this time, they would continue supporting the person for longer. After these visits, the registered manager said they would start introducing staff to work alongside them. They encouraged staff to reflect on their demeanour, tone of voice and the way in which they interacted with the person. A "three way" meeting was then held to ensure everyone was happy for the staff member to continue working with the person on their own.

The registered manager told us people's visits were scheduled to meet their needs. People confirmed this and said their visits were arranged at a time, which was convenient to them. They told us staff were on time arriving and stayed for as long as they were needed. One person told us "they are usually dead on time. In very exceptional circumstances, if there's been some sort of emergency, they may be a little late but it's very rare. The registered manager will always call me to let me know". Another person told us "they're very rarely late and if they are, there's an understandable reason for it. They come at the time I want them". People were always supported by the same staff who knew them well. This ensured good continuity and close relationships to be developed.

Staff told us they had enough time to support people effectively and to travel from one person to another. They said they would inform the registered manager if they needed additional time with a person. The registered manager confirmed that sometimes, people needed a longer visit as perhaps they were tired or not feeling so well. They said in such cases, the member of staff would be encouraged to stay with the person to support them. The next person to be visited would be informed of the delay or alternative arrangements for the visit would be made.

People told us staff would support them with meal preparation if they wanted them to. They did not have any concerns about this area. One relative told us staff were very good at encouraging their family member to drink. They told us "they offer choices but know what X really likes so they encourage this. They make sure

X drinks while they're there but will also leave things out for later". Staff confirmed they assisted some people with meal preparation. One member of staff told us "X always asks for little squares that are sandwiches, cut into four equal sized square pieces with the crusts cut off". They continued to tell us "it's good as if we didn't go regularly we wouldn't know what little squares were and that would be so frustrating for them". Staff told us they always offered people alternatives and enabled them to choose what they wanted. They said they would inform the registered manager if there were any concerns about a person's food or fluid intake.

Staff told us they were very well supported and valued by the director and registered manager. They said they were always talking to the registered manager on the telephone, face to face or at a person's property. One member of staff told us "she is always easy to get hold of and gives good advice. You can contact her at any time. The support we get is excellent". Another member of staff told us "we're always talking. She's so supportive, she even delivers our protective clothing and time sheets rather than leaving us to pick them up. She's great, really supportive. They both are".

Staff told us they received sufficient training to undertake their role effectively. They said their training involved mandatory subjects such as keeping people safe and other topics, which related to people's needs. There were organised records which showed the training staff had undertaken and when refresher courses were required. Information showed recent training included safeguarding, moving people safely, infection control and the safe administration of medicines. More person specific training had included nutrition and hydration, the prevention of pressure ulceration, how to communicate with specific people and hearing loss. All staff were required to undertake a self-assessment which identified their training and personal development needs. Any required action was then discussed and arranged accordingly.

In addition to training, records showed staff met with the registered manager on a more formal basis to discuss their performance and personal development. However, such sessions did not occur on a consistently on-going basis. The registered manager explained this was mainly as the service was so small and they were in contact with all of the staff on a regular, informal basis. The director and registered manager both said that once the agency began increasing in size, they would formalize staff supervision and appraisal systems. This meant more frequent sessions with a structured agenda and agreed outcomes. The director and registered manager confirmed they would also be looking increase training in specialized areas. This included training a member of staff to train staff in moving people safely.

Is the service caring?

Our findings

There were many positive comments about the staff and the service they provided. One person told us "I couldn't ask for better. They look after me perfectly. They couldn't do more if they tried. They know me really well". Another person told us "all the staff are really good. They are so willing to help and do so much for me. They're more like friends than staff. We're on first name terms and that's really nice, as it's friendly and not formal". A relative told us "the manager and her team are excellent. They are so concerned about X and their wellbeing". They continued to tell us "they are all professional, very polite, courteous and flexible. If we ever need to change a visit time, it's never a problem and there's never any fuss. The staff all have a mixture of the manager's qualities. They're all very good". Another relative told us "the manager and her team are amazing. They make a real difference. They are extremely knowledgeable and keep in touch with me very well. We liaise really closely and it's clear they have X's best interests at heart". A further comment included "they're all really patient and very comforting. They engage with people really well. They are very good at that". A health/social care professional told us "it's an excellent agency. Very caring. The manager and staff are so lovely and understanding. They work well with people".

People told us staff promoted their rights to privacy and dignity. One person told us "without a doubt they do. They are always respectful, both with me and my home". Another person told us "it's natural for them. It's not something they need to think about. They all have a lovely manner. They fully respect everything about me".

Information about people was written in a respectful manner. There was an emphasis on what was important to the person, what gave them their identity and what they wanted to achieve. One member of staff told us the agency was based fully on the person and the quality of their care. They said "it's all about those extra little things and we have time to do them. It's great. We might look at photographs, pick flowers from the garden or just sit and chat. These are the things that are important to people". The registered manager confirmed this. They said people needed to be helped with their personal care but they wanted to offer more than this. They gave us an example of accompanying a person to a school reunion as they had no one to go with. The registered manager told us they took photographs and then uploaded them to an electronic device so the person could view them when they wanted to.

The registered manager told us they tried to make the agency as person centred as possible. They said they regularly talked to staff about dignity and respect, as it was integral to all interactions. They said they always taught new staff about areas such as the need to draw curtains and ensure the person was properly covered when providing personal care. In addition, they told us "it's also about seeing the person as an individual, learning from them and treating them with respect". They gave an example of a person asking to go into the garden in very poor weather conditions. They told us "I always say to staff 'never say no'. Talk about it with the person and ask them to consider the factors involved". The registered manager told us staff's approach was paramount when supporting people well.

Is the service responsive?

Our findings

The agency was responsive to people's needs. Additional visits were arranged on request to support people when unwell. This had reduced the risk of one person being admitted to hospital. Staff had identified that another person looked unwell and was coughing. The registered manager told us it was a Friday afternoon but they managed to arrange for a doctor to visit, who prescribed antibiotics. They then travelled to various pharmacies, to find the antibiotics in stock. Once collected, they visited the person so their treatment could be quickly started. The registered manager told us additional visits were provided over the weekend to monitor the person. With these interventions, the person improved and soon got "back on their feet". The registered manager told us additional visits are often organised when people's relatives go on holiday. They said staff would help the person with any shopping, cleaning or laundry, in addition to their usual support of personal care and meal preparation. The director told us other additional visits could involve accompanying a person to a hospital appointment or to the dentist or optician. They said they had calculated that 8.5% of visits undertaken this year were responsive and in addition to people's usual support.

People told us the agency met their needs and staff did exactly what they wanted. One person told us "they're all such nice people. They're so willing to help. They always ask me if I want them to write on my calendar so I remember when they'll be coming next". A relative told us "they know what X likes and what makes them tick. They're very understanding of any frustrations and deal with things well. They've really stepped up to the mark and keep on top of things". Another relative told us "if I know I will be late home from work, the manager will always just pop in to make sure X is alright. It's very comforting and not something she needs to do". A health/social care professional told us "they made sure they sent the right staff in to build X's confidence. They kept the same staff and took a slow approach so that it worked, they've done a great job".

People told us they received consistency with their care, as they were supported by the same members of staff. They said they were never supported by staff they did not know. Staff confirmed this and said the registered manager always introduced them to new people. They said they were always given sufficient information about people before supporting them and never needed to "go into people blind". They said they regularly spoke to the registered manager about people's needs, particularly if there were any issues. On one occasion, they said their feedback meant the person's care needs were reassessed. The assessment led to more care, which benefitted the person's overall wellbeing. People told us they were given a schedule of their visits for the week, which showed who would be supporting them. They said this was helpful and always accurate.

Each person had a well written, comprehensive plan of their care. The plans were detailed, person centred and showed individual wishes and preferences. In addition, the information identified tasks that were to be completed, which enhanced the person's independence. For example, one support plan stated "leave knife, bread and jam out on X's chopping board so they can get their breakfast before we get there if they want to". Information continued to state that the person liked their cup of tea to be made with two teabags. Another plan stated staff should leave the person's clean clothes out for the next day, to remind them to change their clothing. The registered manager told us they felt the information needed to be detailed to give an accurate

portrayal of the person. This enabled staff to support people more effectively. The registered manager told us the plans were always "live" as staff needed to respond to people on the day. They said if a person was unwell for example, but still wanted their shower, it would take longer and staff needed to be aware that more support would be required.

Staff told us they enjoyed their role and knew people and their families well. They were aware of people's needs and the support they required. Staff told us they had time to spend with people without rushing to their next visit. They said this meant they could "do extras" for people if this is what they wanted. One member of staff told us "I will always wipe the kitchen or bathroom around if it looks like it needs it". The registered manager told us staff were encouraged to use their initiative and complete additional tasks if required. They gave an example of a person wanting a member of staff to change a light bulb. The registered manager told us "if the person can't do it, who will? As long as staff stand on something safe, I would expect them to do it". The registered manager confirmed that completing additional tasks had to be within the professional boundaries of their role. However, they expected staff to be flexible and not feel they had to "stick rigidly" to the routine plan of tasks in place.

People and their relatives knew how to make a complaint. They said the registered manager was approachable so they would informally talk to them about any concerns, if the need arose. They were confident any concerns would be satisfactorily addressed in a timely manner. There was a comprehensive, well written complaint procedure. This contained details of other agencies, people could complain to, if they did not want to raise concerns with the agency directly. People were given a copy of this when they first started using the agency. No formal complaints had been received. The registered manager told us they regularly asked people if they were happy with the service they received. If any issues arose, they said they would be further discussed and quickly addressed.

Is the service well-led?

Our findings

The registered manager was heavily involved in the day to day running of the service. They regularly undertook people's visits and worked alongside staff. This meant they had a very clear awareness of people's needs and an oversight of the service as a whole. The registered manager was aware this level of input would not be easy to sustain if the agency became larger in size. The director confirmed this and said more responsibility would be delegated to members of the staff team, to enable more time for management tasks.

The agency was well managed and clear leadership was in place. All systems were very well organised. There were electronic records which showed details of people's care records and when each item needed to be reviewed. Any accidents, incidents and safeguarding alerts were documented and analysed on a monthly basis. This enabled any "lessons learnt" to be identified to minimise further occurrences. There were "trackers" which showed details of staff training, supervision sessions and recruitment documentation. Induction programmes including the dates when the member of staff started employment, when they undertook training and their "shadow" shifts were clearly recorded. The records then showed when the staff member worked unsupervised and completed their probationary period. The director told us all subjects within the "trackers" were audited on a monthly basis. Audits of systems such as medicine management and infection control were being added to the "trackers".

In addition to the monthly audits, the quality of the service was assessed by gaining people's views and monitoring staff's practice. The registered manager regularly met with each person and more formally, completed reviews of their support. During these meetings, they told us they often asked people "how are you getting on with X" [a member of staff]. People confirmed they regularly met with the manager. One person told us "the manager regularly comes out to see us and makes sure we're alright. She always asks if we are happy or if we need anything changed". Another person told us "they always want to know if there's anything that can be improved but honestly, there's nothing. They couldn't do anymore if they tried".

The director and registered manager told us they sent people questionnaires in June 2015 to gain feedback about the service. A range of positive feedback was gained although this had not been coordinated to show a summary of people's views. The director confirmed they would do this in future. They said the questionnaires had not been sent this year, as it was felt the format and questions could be improved upon. This work was being undertaken and when completed, the newly devised questionnaires would be sent to people.

The registered manager held strong values and promoted a person centred ethos. They were committed to ensuring a culture of good quality care, which met people's individualised needs. Effective communication had been developed with the staff team. This meant the values of the service were portrayed and adopted by all staff within their work. Staff were encouraged to give their views and people's needs were regularly discussed to improve the care provided.

People, their relatives, staff and health/social care professionals were very complimentary about the

registered manager. One person told us "the manager is something special. She's just one of a kind". Another person told us "she has such a lovely way with her. She is so nice and thoughtful and has such a lovely manner". Other comments were "she goes well beyond the call of duty", "the manager is excellent, she is so caring and concerned about people" and "I really value her judgement as she's so knowledgeable". A further comment included "the manager's amazing. She's spot on. She is so committed and has a passion for good care. She's so thorough and doesn't leave anything to chance. She's amazing, I can't say enough about her". A relative told us "if she's busy and that's usually because she's out helping someone, she will always respond to my messages, as soon as she can. I would recommend them totally, to anyone. They do a really good job". A healthcare professional told us how staff had worked hard with a person to enable them to accept help. They told us "they did it slowly but with such understanding. The staff and the manager are lovely, so caring. They clearly understand X's needs and the person has had such a good outcome".