Clovecare 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 inspection took place on 10 September 2018 and was announced. We gave the provider 48 hours' notice of the inspection visit because the registered manager could be out of the office supporting staff or providing care. We needed to be sure that they would be available.

At our last comprehensive inspection on 13 July 2017 we found the provider was breaching regulations relating to assessing risks to people and good governance. We also found the provider was not caring for people in line with the Mental Capacity Act 2005 (MCA) and rated the effective question as requires improvement. We issued the provider with a warning notice in relation to the repeated breach of good governance. Following that inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions safe, effective and well led to at least good. At our next focussed inspection on 24 November 2017 we found the provider had met the requirements of the warning notice and was no longer in breach of the regulations. However, we did not improve the rating for these questions from requires improvement because to do so requires consistent good practice over time.

At this inspection we found the provider had sustained the necessary improvements and judged the overall rating to be Good.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, some of whom may be living with dementia. There were 29 people using the service at the time of this inspection.

Not everyone using Clovecare Limited receives regulated activity; 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 take into account any wider social care provided.

Since our last inspection, the manager had become registered. 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 with the care provided and with the staff who supported them. Risk assessments were undertaken to help people to live safely. The provider had improved these to ensure they matched the person's assessed needs and considered risks in people's homes.

The process for staff recruitment was robust and well managed. Appropriate checks were carried out to help ensure only suitable staff were employed to work at the service. There were enough staff to meet people's needs and the provider made sure they had the resources and capacity to deliver the support people required.

People were supported by regular carers who were appropriately trained and supervised in their roles. Management monitored and observed staff practice to ensure people received their agreed care and support.

Staff were caring and attentive, and knew the people they cared for. People felt that care staff respected their privacy and dignity and helped them to remain as independent as they could.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The support provided was person-centred and flexible, taking into account peoples' preferences and individual circumstances. People's care needs were assessed and they were fully involved in making decisions about their care and support before they started using the service.

Assessments considered whether people had any needs in relation to their disability, sexuality, religion or culture. Staff understood and respected these needs.

People's healthcare and dietary needs were assessed and met. Other health and social care professionals were involved where further support was needed for people. Where people required assistance to take their medicines, this was managed safely.

There was effective leadership and people, relatives and staff told us the agency was well run. People and their relatives were given regular opportunities to share their views about the quality of care and any concerns or complaints were acted on.

People benefitted from safe quality care and support as the provider had systems in place to monitor the quality of the service and make improvements and changes where necessary.

This was a relatively new agency and the registered provider and manager knew what was required to develop 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 has improved to Good.

The provider had improved the way they assessed and managed risks to people's personal safety. Effective plans were in place to minimise those risks and keep people safe.

People felt safe and confident with the staff who supported them. Staff understood their responsibilities to protect people from abuse and knew how to report any concerns.

There were enough staff to support people safely and in line with their needs. The provider followed safe recruitment practice when employing new staff.

Is the service effective?

Good

The service has improved to Good.

The provider cared for people in line with the Mental Capacity Act. They had assessed people's mental capacity to make decisions and staff understood their responsibilities to protect people's rights.

People received support from staff who were appropriately trained and supported to carry out their roles and meet people's individual needs. Staff were provided with ongoing training to keep up to date with best practice.

People were supported to maintain their health and eat and drink in line with their preferences and needs. Staff involved and worked with other health professionals in people's care when needed.

Is the service caring?

Good

The service remained caring.

Is the service responsive?

Good

The service remained responsive.

Is the service well-led?

Good

The service has improved to Good.

There was a registered manager in post. The management team and staff worked well together and were committed to the wellbeing of the people they supported.

The provider's audit systems were used more effectively to monitor and develop the quality of the service. Action was taken where needed to improve the care and support people received.

People receiving support, as well as their families, were encouraged to provide feedback 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 September 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Before the inspection, we reviewed information we held about the service. This included previous inspection reports, information received and notifications the provider had sent us. A notification is information about important events which the service is required to tell us about by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

This inspection was carried out by one 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.

We visited the office location on 10 September 2018 and met with the registered provider, registered manager and two members of staff. We spoke by telephone with three people who used the service and four people's relatives to obtain their views about the care provided.

We reviewed seven people's care records to see how their care and support was planned and provided. We checked employment records for five staff members and training and supervision records for the staff team. We looked at other records relating to the management of the service. These included staff allocation records, quality assurance audits, minutes of staff meetings, findings from questionnaires that the provider had sent to people and relatives, complaints and accident/incident reports. We also reviewed how the provider managed medicines and the records relating to this.

After our inspection, the registered manager sent us additional information we requested in relation to development objectives for the service.

Good

Is the service safe?

Our findings

People told us they felt safe with the staff and were happy with the care provided. One person said, "I always feel safe when they are here." Another person told us, "I'm really happy, they [staff] are smashing, all of them." Relatives shared similar views that staff kept their family members safe. They confirmed that staff used equipment appropriately, such as hoists and wheel chairs to help people move around safely and that there were always two members of staff to carry out these tasks.

Since our last comprehensive inspection in July 2017, we found the provider had strengthened the process for assessing and managing risks to people's health and safety. People's risk assessments were based upon their individual needs, kept updated and explained how to reduce or prevent potential risks and keep people as safe as possible. Examples included risks associated with moving and handling, mobility, nutrition and taking medicines. Where people had specific health conditions, guidance was available on how to manage and minimise identified risks. One person was prescribed a medicine that had to be monitored closely to ensure they received the correct dose. Staff had clear directions on how to do this and who to contact if there were changes. Risk assessments were also in place for security and safety around the person's home. These included checks for potential hazards in the home and how to support people's personal safety. For example, making sure people were wearing their pendant call alarms so they could call for help if they fell, that they had sufficient heating or plenty of drinks in hot weather.

People were supported by staff who understood their responsibility to protect people from possible abuse. Staff knew the different types of abuse they might encounter and told us they would inform the office immediately if they had concerns. One staff member said, "I would also follow up that the manager had reported it." Staff attended safeguarding training as part of their induction and updated this every year. The provider had policies and procedures for responding to allegations or incidents of suspected abuse. No safeguarding concerns had been raised since our last inspection.

Staff recruitment was managed correctly by the provider. They undertook the required checks to make sure staff were of good character and safe to work with people using the service. Information in the PIR told us, "All prospective staff complete an application form, are interviewed and complete an enhanced DBS check. Employment commences upon receiving suitable DBS clearance and two references and staff will undergo induction followed by mandatory training and shadowing with experienced staff until they are proficient to work alone. Staff also complete a yearly Criminal Declaration Form." Staff files we reviewed supported what the provider told us in the PIR. This process enabled the provider to determine that staff were suitable to work in care services.

People and relatives gave positive feedback about the consistent support they received from staff and the timeliness of their visits. One relative told us, "They all come on time, they don't rush [my family member]." People and relatives confirmed they had experienced no missed calls and had regular carers. People confirmed the office staff were good at informing them if there would be a delay in their carer arriving. Staffing was maintained flexibly to ensure people received care and support when they wanted it. Staff told us they were allocated a list of visits each week and had enough time to care for people, without having to

rush. The registered provider told us they would not accept referrals if they did not have the staff to meet a person's needs.

The agency had recently installed a computerised software system which enabled care and office staff to plan people's visits, allocate staff and to monitor and ensure all calls were being attended in a timely way. At the time of our inspection, the system was being set up and due to be in operation by October 2018. The registered manager showed us how the system worked and would benefit the agency as it gave them improved oversight of the care and support people needed and how well staff provided this.

The provider accounted for people's care and support needs in the event of an emergency. People told us they were aware of the on call service and said they could ring the office at any time. Staff we spoke with felt the on call arrangements were managed well. They told us they could always contact someone out of hours if they needed additional support or if they had a query about a person's care needs.

People received their prescribed medicines when they needed them. People who were supported with their medicines told us this was done in an efficient and timely way. A relative said they felt confident with staff administering medicines and said staff did this, "everyday and on time." Care records included a personal risk assessment and agreement to take medicines, together with information about the reasons people needed them.

Medicines were managed correctly in line with national guidance. Staff only administered medicines to people after they had completed the required training. This was refreshed every year to ensure staff were up to date with best practice. The provider carried out observations of staff practice to check they administered medicines safely to people. Monthly audits were undertaken to monitor and confirm people had received their medicines appropriately. Staff had information about people's prescribed medicines, any allergies, the dose and what time of day they needed to be taken. Medicine administration records (MARs) we reviewed were consistently signed with no gaps, up to date and corresponded with people's care plan records.

People were safe because accidents and incidents were reported and then reviewed to minimise the risk of them happening again. This also enabled the provider to check whether a person's support needs had changed and take appropriate action. For example, following a fall, one staff member told us this resulted in the person needing more equipment to help them mobilise safely.

Good

Is the service effective?

Our findings

At our previous inspection in July 2017, we found the provider had not always cared for people in line with the Mental Capacity Act. At this inspection, we found the provider had made improvements in this area and improved the rating for effective to good.

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 Act.

We found the service was working within the principles of the MCA. People confirmed that staff always sought their consent before care and support was provided. Relatives told us they were fully involved where a person lacked capacity to make a decision.

Staff had attended training and understood the importance of giving people as much choice and control over their decisions as possible. Staff understood it should be assumed that people had capacity to make decisions. They knew how people's capacity sometimes fluctuated and how this impacted on the support the provided. Care plans reminded staff to always gain consent before supporting the person with a care task and explained the reasons where people were unable to consent. Records showed that people were asked for their agreement to take medicines, share personal information and to accept home care.

Staff understood what to do when a person lacked mental capacity to make a particular decision. This included arranging a meeting with the person's representatives to ensure all decisions were made in their best interests. At the time of our inspection, no applications had needed to be made to the Court of Protection to deprive a person of their liberty.

People told us they received support from staff that understood their needs. Relatives had similar confidence in the skills and abilities of the staff. One person told us, "They all seem to know what's what." Comments from relatives included, "Yes I'm quite happy with them, doing a great job" and "Oh yes, they go for training."

People were supported by staff who had the knowledge, skills and management support to carry out their roles and responsibilities effectively. New staff completed a training induction before working on their own. This involved shadowing more experienced staff to find out about the people that they cared for and safe working practices. We noted the induction for staff did not refer to the Care Certificate Standards. These are a nationally recognised set of standards that give staff, who have no care experience, an introduction to their roles and responsibilities within a care setting. The registered provider confirmed they planned to introduce these standards once the new computer system was up and running. We saw the agency had the necessary supporting documentation to implement the Care Certificate.

Following induction, staff completed mandatory training in areas such as moving and handling, food hygiene, fire safety, first aid, dignity and respect, infection control, and medicine administration. The agency organised practical training for staff every year on how to transfer people safely and use mobility equipment appropriately, such as hoists. One staff member said they found this training very useful as they learnt techniques to know how to keep people safe and protect themselves from injury.

Staff received other training to meet the needs of the people they cared for. This included learning about continence promotion, dementia care, diabetes and management of pressure ulcers. Our discussions with staff showed they had good knowledge about people's individual needs and used their training effectively to meet them. Training, in the main, was provided through e learning or computer based courses. We asked the provider whether staff would benefit from further face to face training to develop their knowledge and skills. The provider told us they planned to use other learning resources available to them such as local authority training.

Staff told us they had one to one supervision meetings where they met with the registered manager or senior for support and to discuss any required learning. Records confirmed these were held every three months and staff had an annual review or appraisal of their work performance. These processes enabled staff to discuss any training needs and get feedback about how well they were doing their job and supporting people.

People's needs had been assessed before they received the service. People and relatives, sometimes acting on their behalf, said they were asked about their preferences, including visit times and care and support needs from the start. Management completed an assessment and where people were referred by the local authority, assessments were also provided by them. This enabled the agency to confirm they had the necessary resources to deliver the right support. Although there was information about people's health conditions and medical history, we noted one person's records lacked detail about how staff should support their needs. This meant staff may not be aware of potential health issues arising from previous medical needs. The registered provider acknowledged this and agreed to update the care plan with further information.

People were supported to keep healthy and receive appropriate support with their healthcare needs. This included supporting people's needs in relation to eating and drinking. Where people had specific needs, the service had consulted with relevant professionals to ensure staff had advice about current best practice. The agency had contacted occupational therapists to make sure people had the most suitable equipment to meet their physical needs and GPs if people became unwell.

People were asked about their food preferences and these were clearly recorded in their care plans. When people needed assistance to eat and drink there was a care plan in place to outline the support required and how staff should do this. The PIR included, "We also pay particular attention to people who live on their own who have Dementia as they are more likely to forget to eat and drink. We put in food and drink charts that require completing on each visit. On this chart staff log details of food and drink consumed on each visit and details of food and drink left for service user to have at their leisure." Our discussions with staff and people's care records supported what the provider told us in their PIR. In one person's care plan, there were details about the type of drinking cup the person used and directions for staff to "leave additional fluids, small snack in the lounge and complete food charts."

Good

Is the service caring?

Our findings

People continued to experience a caring service. One person said, "I'm more than happy with it [the service], suits my needs really well." We asked relatives if they thought the service was caring. One relative said, "Yes very much so, you feel very, very comfortable" and another told us, "Oh yes, they're kind all the time." People and their relatives spoke highly about the staff. One person told us, "They are very good, they are excellent, always have a nice smile and caring." Relatives' comments included, "What we've seen I've had two [carers], couldn't fault them, very caring", "brilliant, [my relative's] very happy with her [carer]." Another relative commented that staff were "very patient" with their family member who could sometimes be rude towards staff.

The agency had received many compliments about the care provided. Thank you cards and letters from people and relatives were displayed in the office, complimenting the staff for their care.

People were supported to make choices and decisions. Care plans explained how to communicate effectively with people in their preferred way. Staff showed awareness of people's communication needs. This included using clear language when communicating with people living with dementia and providing reassurance if people became confused or anxious. One care plan directed carers to write any appointments on the person's calendar to help with their memory loss.

Relatives told us they had been consulted when appropriate regarding care and support their family member would require. The plans provided personalised information about who and what was important or meaningful to the person. In one example, the person had requested for staff to wear shoe covers on entering their home and staff respected this. Another care plan included, "[person] is an active lady who likes to go out for a walk and feels she is independent" and for staff to "ask [person] if she would like to go for a local stroll."

Staff told us information helped them form positive relationships with people and understand what made them happy or unhappy. They were able to tell us about people's backgrounds and interests and daily routines. A staff member spoke about a person they supported, showing a caring attitude and good knowledge about their needs. They explained how the person liked to be addressed and what they enjoyed doing. The staff member told us how the person's condition had progressed and they now needed lots of encouragement to eat. Information in the person's care plan corresponded with what they told us.

Relatives shared examples of how staff promoted people's well being and mood state. One relative told us the carer always, "chats away and sings to [their family member]". Another relative told us staff helped their family member feel relaxed by the way they addressed them and shared a laugh together. Another relative told us the carer danced with their family member to try and get them moving and mobile.

People and their relatives felt confident that staff upheld people's rights to privacy, dignity and independence. People confirmed that staff always asked for their permission before supporting them. When asked if relatives felt staff treated people with respect, one relative said, "Yes absolutely, they are calm and

polite, not rude." Staff were aware of the importance of maintaining people's privacy and encouraging people to retain their dignity and independence. A staff member explained how they gave a person time to do as much for themselves as possible and made sure the person was appropriately covered during personal care activities.

People's right to confidentiality was protected. In the office, people's personal information was kept secure and on the service's computer system, records were only accessible to authorised staff. In people's homes, care records were kept in a place agreed with the person using the service.

Good

Is the service responsive?

Our findings

People received a responsive service and there was continuity of care. This was because people had regular carers who understood their care and support needs and knew what to do if these changed. People told us they received their visits at the times they preferred and needed. Relatives spoke about the benefits of staff who were familiar to people and the flexibility of the service. One relative told us, "[my relative] goes to centre on a Wednesday, [named staff] comes in early to get [my relative] washed and dressed, she should have been on holiday last week and came into help." Another relative told us there had been no missed calls and staff had "always been here on time." They also commented, "Really pleased, really happy the way things are."

Care plans were personalised and based upon the person's individual needs assessment. They stated where the person was independent and where support was needed. Details of the days and times staff should visit people and the care required during these visits were clearly recorded.
Although there was up to date information about people's needs and choices, we found not all people's records were as personalised as they could be. Background information about people's early life, education, career and important occasions in their life was not always recorded. This meant staff may not be aware of this important information or be able to communicate effectively with those people living with dementia. Following our inspection, the registered provider confirmed this would be addressed through updating people's care records on the new electronic care planning system. This included introducing a 'life story book' for people with memory problems.

People had a review of their care needs shortly after starting the service and every six months or sooner depending on their needs. This included a discussion about all aspects of their care and support and the views of everyone involved. Care plans and risk assessments were updated accordingly or before this time if there had been changes in people's needs. For example, following a period of ill health or on return from hospital with reduced mobility. A relative confirmed there had been "review meetings from the start." They told us the agency kept them informed about their family member's health and wellbeing and said, "Yes they let me know any little thing that's not quite right."

Staff told us they contacted the office if they had any concerns, including reporting changes in people's mental and physical well-being. Staff also notified families and recorded any issues in the person's daily notes. An example included, "[person] more confused than usual, possible UTI [urine infection], contacted family." Records showed this was promptly followed up and the staff member arranged to collect a prescribed medicine for the person. Another relative told us staff asked them to contact the GP as they were concerned about their family member's sore skin.

People told us their care and support could be adjusted to suit their needs. We saw correspondence where carers or the times of calls had to be changed. The provider involved other agencies and professionals as they were needed in response to people's changing needs. For example, to increase the number of visits in response to a person's declining mobility. In other cases, support hours had been reduced because the person had become more independent. The provider told us in their PIR, "Some service users have built

their confidence and have reduced or cancelled part of their care calls. We have also had service users that only required our services for a short period who have become fully independent again after being discharged from hospital with care needs."

People's rights were upheld and they were protected from discrimination. The provider understood the importance of promoting equality and diversity for people. They told us in the PIR, "All support workers attend Equality and Diversity training annually" and "Our risk assessment and care plan are designed to be person centred and to protect personal characteristics, this is completed on our initial visit to service." We saw records to support this. Any needs in relation to people's disability, sexuality, spirituality or culture were identified during the initial needs assessment and described in the care plan. Staff had information about different religions or faiths and the types of food products people may choose or not want to eat according to their beliefs. The provider gave an example where a person did not want certain information recorded about them in their care plan but staff were made aware of their preferences and how to respect these during their visits. This showed the provider understood and respected people's individual needs, choices and diversity.

The provider was aware of their responsibility to support people's needs in line with the Accessible Information Standard (AIS). The AIS requires that provisions be made for people with a disability, impairment or sensory loss to have access to the same information about their care as others, but in a way they can understand. The provider confirmed that the agency was able to produce information in alternative formats, such as large print and other languages if required.

People's independence and reablement was supported through the use of technology. People told us they had pendant call alarms which helped them feel safe in their home. The provider was aware of other technology equipment available to help people remain independent and told us this would be used if the need arose. This included sensor alarms for doors, falls sensor mats and medicines alert/reminder systems.

People knew who to speak to if they had a complaint or were unhappy with any aspect of the service. People and relatives told us they had no cause to complain but were confident any issues would be dealt with and they could ring the agency office anytime. At the start of the service, people were given a copy of the complaints procedure. There had been one complaint since our last inspection. Records confirmed how the provider had responded to the complaint along with details of the outcome and any action taken in response.

At the time of our inspection the service was not supporting anyone who required end of life care. We noted that people's views had not been recorded concerning their wishes at the end of their lives. We discussed this with the provider who told us they would consult with people and their families and update the needs assessment. This would ensure staff had information about people's wishes, should this be needed in the future.

Good

Is the service well-led?

Our findings

As part of the provider's conditions of registration, the service is required to have a registered manager. Since our last inspection, the manager had become registered. The registered manager was supported by the registered provider and a care co-ordinator. People and their relatives were complimentary about the management of the service and felt the agency was well run. One relative told us, "They seem to keep me in the loop with things and are always available to speak to me." Another relative described the registered manager as, "very pleasant, a really nice person."

People and their relatives told us the registered manager and senior staff visited and often telephoned them to check if they were happy with the care and support. They were also asked to comment on the quality of the staff and reliability of services they received through questionnaires. The latest survey results confirmed people and relatives had given positive feedback and there were no suggested improvements. Examples included "I am very happy with all services." and "Very pleased with the care Clovecare provide. We always feel reassured and that our [family member] is being looked after."

People received a service from staff who worked together as a team and who were happy in their work. There was a welcoming and open atmosphere. During our inspection, staff were courteous and polite when responding to telephone queries from people, relatives and staff.

Staff felt supported by the registered manager and said there was good communication within the team. One staff member told us, "I enjoy the job, there's good teamwork and updates from the manager." They shared an example where staff were informed about extra measures needed during the summer heatwave such as making sure people had extra drinks, windows were open and blinds shut to keep people hydrated and comfortable.

There were group supervision meetings where staff and management were able to share information and ideas, and discuss any matters that may have arisen, such as learning from accidents or incidents. At the latest meeting, staff attended a training session on the new electronic care plan system and discussed practice related to medicines administration, confidentiality and infection control. In the office, useful information was displayed on a notice board to support staff in their roles. This included guidance about the MCA and Duty of Candour, and what to do if a person had a stroke or a fall.

Checks were made on staff to observe their work practices and ensure that people were receiving the care and support they needed. This was confirmed by staff we spoke with. Staff were provided with a handbook and code of conduct, which informed them of what was expected of them and the values they should adhere to.

Arrangements for monitoring and assessing the quality of service had been strengthened. The registered provider had invested in a computer software system to enable them to have better oversight of the service. This system would enable improved monitoring of calls, quicker access to people's current information as well as data about staffing such as allocation and training.

The registered provider sent us an action plan with clear information about further improvements planned for the agency in the next 12 months. This involved undertaking further audits of people's care plans to ensure they contained all relevant information required. There were plans to produce a transfer information sheet to assist the emergency services with information about people's health and medical history. The PIR also gave clear information about other planned objectives in the year ahead. For example, "Look at improving our risk assessments even further. Staff to complete a course on record keeping to provide a clearer understanding of the best way to report and respond to incidents and situations. This will improve the service we provide."

The agency maintained effective communication links with other relevant professionals. This included joint working with the local authority to ensure people received the care and support they wanted and required.

People could be confident that important events which affect their health, safety and welfare would be reported appropriately. The registered provider is legally obliged to send us notifications about certain incidents, such as alleged abuse or serious injuries and changes that happen to the service. This enables CQC to check that the provider has taken the correct action as well as monitor any trends or concerns. There had been no reportable events since our last inspection. The provider was aware of their responsibility to report and had systems in place to do so should the need arise.