

Clover Carers Ltd

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Inspection report

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Date of inspection visit: 16 December 2015
Date of publication: 16/02/2016

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 

Overall summary

This inspection took place on 16 December 2015 and was announced.

Clover Carers Ltd is a domiciliary care agency providing care for people living in their own homes. On the day of our inspection there were 23 people using the service.

There was a registered manager in post at the time of the inspection. A registered manager is a person who had 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 were protected from harm and abuse by staff who knew how to recognise and respond appropriately to concerns that they had. Risks associated with people's care had been identified and appropriately assessed. Information was available to staff to enable them to

Summary of findings

support people safely. Staff did not start work until appropriate checks had been made to make sure they were suitable to support people in their homes and keep them safe.

People and those that mattered to them were involved in planning their own care. Staff understood how to support them. People were supported by staff who were caring and compassionate and who treated people with dignity and respect. Staff encouraged people to be as independent as they could whilst remaining in their own home.

People were supported to make their own choices and decisions about their care and support. The provider encouraged people to raise any issues and people were confident that action would be taken by the management team.

Staff received induction and ongoing training in order for them to provide care. Staff were supported by the management team and received regular feedback on performance. The managers were approachable and accessible to people and staff.

The provider completed regular quality checks to ensure that good standards of care were maintained. People's feedback was sought on a regular basis and any areas identified were acted upon.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

People were kept safe by staff who recognised signs of potential abuse and who knew what action to take to protect them. Staff were recruited in a way that offered protection to people using the service.

People were supported to safely take their medication by staff.

Good



Is the service effective?

People received care from staff who had the skills and training to support their needs. Staff respected people's right to make their own decisions and supported them to do so. People were supported to access healthcare and support from other professionals when needed.

Good



Is the service caring?

People were supported with kindness and compassion. People's privacy and dignity was respected by the staff. People's choices were respected and promoted by staff.

Good



Is the service responsive?

People were involved in planning and reviewing their care. The registered

manager and staff knew individuals they supported and the care they needed. People knew how to make their views known and felt that they were listened to by the staff and provider.

Good



Is the service well-led?

The registered manager promoted an open culture amongst staff and made information available to them should they need to raise a concern. The registered manager regularly encouraged feedback from people receiving support. People thought their views on how the service was run was valued.

Good



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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 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 16 December 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

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

Before the inspection we reviewed the information we held about the service and the provider. This included statutory notification's received from the provider about deaths, accidents and safeguarding alerts. A notification is information about important events which the provider is required to send us by law.

As part of our planning for the inspection we asked the local authority and healthwatch to share any information they had about the care provided by Clover Carers Ltd. We used this information to help plan our inspection.

During the inspection we spoke with 14 people receiving support, six relatives, the registered managers and four care staff.

We viewed three staff records including details of recruitment, three care plans, risk assessments, reports gathered by the provider about their quality checks and details about complaints.

Is the service safe?

Our findings

All of the people we spoke with told us they felt safe and the service they received was provided in a safe way. One relative told us, “I felt my relative was completely safe all the time”. Another said, “My relative is completely safe, staff are a very high standard and their practice is safe”. Staff knew what to do if they suspected abuse, One staff member told us, “I have had training in safeguarding and risk awareness, I know what to do if I ever felt something was wrong or someone was at risk”. Staff members had a full pack of information which contained relevant contact details including the local authority, police and health contacts. This information also included details about whistleblowing and staff we spoke with had a good understanding of the process they should follow if needed. Staff had received appropriate training and documentation we saw supported this. The provider had appropriate systems in place to identify potential abuse and to respond appropriately.

Risks to people’s safety and wellbeing had been assessed and were monitored regularly. Staff understood the risks associated with people’s care and understood how to keep people safe whilst ensuring they were not restricting them. A relative said, “Staff realised that [relative] was at risk of being hurt by one piece of equipment and so arranged for them to be assessed and an alternative way to care for them was decided”. Staff we spoke with were able to describe the risks to people and how they minimise the risk whilst maintaining the person’s independence. One staff member told us, “Someone should be encouraged to move around if they can and you can make things safer by ensuring there are no obstructions”. The registered manager told us when equipment is required they source training for all staff in its safe use. We saw records of staff training for safe use of equipment and appropriate individualised assessments of risk.

People told us they were confident carers would arrive on time and stay for the duration agreed. We were told on the

rare occasion someone is delayed they would always phone to let people know. One person said, “A carer phoned to let us know they would be a bit late. They then arrived two minutes later”. The registered manager said that the time and amount of staff who provided support to each person was set by the local authority who paid for the care provided. The registered manager would assess the person’s personal needs and negotiated with the local authority any changes to the care provided to ensure sufficient staff are available. Time and the allocation of staff was also agreed if the person funded their own care. The registered manager told us they completed regular spot checks to ensure staff arrived on time and stayed for the agreed period of time. Staff members told us they thought that there were enough staff allocated to meet the needs of people receiving care and support. One person said, “The consistency of staff is brilliant”.

Staff told us that they had to provide references, and that checks were made before they started their employment to make sure that they were safe to work with people in their own homes. The registered manager showed us details of pre-employment checks that they did along with their assessments of suitability for each staff member. People were protected as the registered manager followed safe recruitment processes.

We looked at how staff assisted people to take their medication. One relative told us, “They always prompted the medication and always talk us through what was given”. Staff members told us they had received appropriate training to ensure they were competent in assisting someone to take their medication. One staff member said, “I was observed to ensure I was safe to assist someone take their medication”. We saw training records and evidence of medication spot checks by the registered manager. The registered manager told us they complete spot checks on the medication records to ensure records are accurate and to prevent errors from occurring.

Is the service effective?

Our findings

People were happy with the care and support that they received. People told us that they were involved in their assessment and care planning. One person said, “They [staff] came out to see us and got to know the whole family. They involved the nurses and physio and they took the time to fully know [relative] and exactly how they liked things to be done”. Another told us, “They had an induction with us and made sure that carers always ask what my relative needs”. People felt the staff were well trained and competent to provide care. One relative said, “Staff are always open to guidance from family members on how [relative] likes things done”. The registered manager told us on first accepting a package of care they will always arrange to meet the individual and complete a comprehensive assessment of need. This will involve any family member the person would like involved as they may be able to contribute towards the assessment. We saw initial assessments and relevant reviews which were personalised to the person receiving care. Staff we spoke with were knowledgeable about the people they supported and were able to tell us about individual needs.

Staff told us that as part of their induction to employment they shadowed a more experienced staff member. During induction they met the people that they will be supporting and others who received support from the provider. One person said, “You need to get to know the person coming into your house, they are strangers after all but I completely trust them”. The registered manager said that it was important for people to meet those supporting them to build a rapport which creates an effective working relationship. Staff told us they were well supported by the management team and received regular one-on-one support sessions with the registered manager. Staff told us that they were able to use these sessions to discuss any work related issues and to seek guidance and support. They felt they could approach the registered manager at any time and were able to discuss anything that they needed. Staff felt that they had access to a good range of training and were competent in the tasks that they performed. This meant that people received care from appropriately trained and supported staff.

Staff members told us they always checked that people had enough to eat and drink when they visited. One staff member said, “You always ensure fluids are available when you leave as well as snacks if the person wants them”. One person told us, “Carers always ask if there is anything else I need before leaving”. Staff ensured that people had access to food and drink during the times that they were not visiting.

Staff were proactive in seeking assistance when people’s needs changed. Staff told us that as they consistently saw the same person they were able to notice subtle changes including any weight loss or gain or even a change of personality which may indicate an illness. Staff told us that they reported any issues to the registered manager after first talking to the person. One relative told us, “[Relative] was unwell and the staff were able to talk to the GP for us as they could better describe what was happening. They then relayed exactly what was recommended to all of us”. Staff understood people’s needs and preferences and were adaptable to changes.

People were asked for consent before care and support was given. One relative said, “They always ask [relative] before they do anything they motivate and encourage all the time which is brilliant”. People’s ability to make decisions had been assessed. Where support was needed for a person who was unable to make decisions independently, the process was clearly documented to guide staff.

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. We checked whether the service was working within the principles of the MCA. The provider had properly trained and prepared their staff in understanding the requirements of the Mental Capacity Act.

Is the service caring?

Our findings

People we spoke with told us they thought the staff were caring and kind. One person said, “I don’t know what we would do without them”. Others said carers are, “Absolutely Fantastic, we would be mortified to lose any of them”. One person told us, “They are really, really caring, I look forward to their coming”. Staff that we spoke with talked about people they supported with kindness, compassion and respect. A staff member said, “I enjoy seeing people and you should always take the time to know the person. It is not just a job for us”.

People and their relatives were encouraged to express their views about the care delivered and were actively involved in decisions about their support. Initial assessments of care, regular reviews and quality surveys encouraged people to express their opinions and suggestions. A relative said, “I voiced my opinions on the care delivered during a review and they responded promptly and efficiently”. Another told us, “Carers took the time to get to know the whole family as they knew this mattered to their relative. They fully included both me and [relative] in all discussion and we never felt we didn’t know what was happening”.

Staff promoted people’s privacy and dignity. One relative said, “They [staff] understood [relative] as a person and not an illness, they always spoke to them and let them know what was happening. I believe this restored their dignity”. A staff member said, “You always ensure any personal care is in private and the person is always asked for their permission before anything is done for them. You always encourage them to do as much as they can and promote their independence”. Staff told us that privacy and dignity formed part of their induction training. The training records we saw confirmed this.

The registered manager told us that they endeavour to keep consistency in the staff members which supported each person. This was to enable them to build a relationship with them where the person could trust the staff member who would also know the person’s individual likes and dislikes. One person said, “I can completely trust all the staff and they can relate to me, it is just how I like things, I would give them 11 out of 10”.

Is the service responsive?

Our findings

People told us that they were involved in the planning of their care and in any reviews. One person said, “Firstly I was introduced to [registered manager] who understood what I wanted and needed”. Regular reviews of care took place which included people and included personal history, needs and preferences. One relative said, “Regular reviews take place but I am always in contact with [registered manager]. They phone up regularly always wanting to know if there are any changes or if something could be done differently”.

Changes in people’s needs were identified and acted on promptly. One relative said, “Following a change in [relatives] condition we spoke with the care staff and they took the initiative to seek additional equipment. This helps relieve the stress and anxiety on family as we know they will always do what is right for [relative]. We saw appropriate reviews of care plans and risk assessments where changes in need were identified. People were encouraged to be fully involved in the care provided and were confident that the provider would respond appropriately to their needs and preferences.

People received information which contained Clover Carers contact numbers so that they could contact them at any

time, including out of hours. Staff told us that they all had information that they carry with them at all times with contact numbers and what to do if ever they found themselves in an emergency. Staff we spoke with told us they have never been in a situation where they have not been able to contact a senior or manager for advice and support.

People told us that they knew how to raise a concern or make a complaint and were confident they were listened to and responded to appropriately. One person told us, “I know how to raise a concern if I ever had one; all the information is provided at the start of their involvement”. One staff member told us about a concern they had received from someone and then passed to the registered manager. As a result the registered manager made appropriate alterations to address the concerns raised and to feedback to the person the action taken. The registered manager had appropriate system in place to encourage, record and resolve any concerns expressed by people or others involved in their care. The registered manager said, “You have to be responsive to people’s anxieties and concerns and be completely open to comments. By doing so you can make positive changes in the delivery of services”.

Is the service well-led?

Our findings

People told us that they felt involved in how services were provided and they were regularly asked to comment on the care they received. People we spoke with felt their opinions were listened to and valued by the provider. One person said, “I am regularly asked for my views on how the service is delivered”. One relative told us, “The registered manager is the one who deals with any issues and they have been round to ask me what I think of things and if there is any change in my needs or improvements they could make. I can talk to them and they listen”. Another relative said, “Staff recognise the importance of recognising people as individuals and this is promoted by the registered manager. It may be a business for them but they are not in it for the money”. The provider promoted a positive and open culture where people were at the centre of the service that they provided.

Regular surveys were sent out to those receiving services and their families. This enabled the person to have a say in the service that they received. It also helped to develop the service provided to others as the provider adapted practice where needed. The registered manager told us these surveys were essential to measure the quality of the care they provide and to aid them meet the expectations of those receiving care. The registered manager said, “People can always make contact with us at any time and comment on or suggest changes to their care”. The results of these surveys were then discussed at staff meetings to drive any improvements. Staff told us they were regularly involved in staff meetings and were able to freely discuss any issues and improvements required. One staff member told us, “Team meetings are not just sit down and be told by the

manager what is happening, but an opportunity to openly discuss things which matter to you as an employee”. We saw records of team meetings and minutes which were provided for staff who were not able to attend in person.

There was a registered manager in post and they were clear about their role and responsibilities and had completed appropriate notifications to us. There was provision for out of hours advice and support. One staff member told us, “I have never had to wait more than two minutes for a response from on-call”. Staff said they were well supported in their role by the registered manager and received regular one-on-one support sessions. One staff member said, “I can ask for any training I feel will benefit those receiving care from me”. Staff members knew what was expected of them and were happy and motivated in their work. They were aware of the whistleblowing process and knew how to report bad or abusive practice. One relative told us, “They [registered manager] knows what is going on day to day with all their staff. They are clear in their communications so the staff know exactly what [relative] wants”. People benefited from an effectively inducted and trained staff team who were well supported by the provider.

Regular quality checks were completed by the registered manager. These included spot checks with staff members, health and safety checks and incident and accident reporting. Results of such checks were discussed at staff meeting and during individual one-to-one sessions to make any improvements required.

The registered manager showed us their completed and planned training and how they then pass on what they learn to staff at staff meetings and in the one-on-one support sessions. A staff member said, “I feel completely supported and can always ask if I ever need anything”.