

Lynncare 2000 Limited

Clover Care

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This was an announced inspection carried out 31st March 2016. The provider had been given two days' notice of the visit. This was the first inspection of this service. After the inspection we spoke with people who used the service and staff on the telephone.

Clover Care is registered to provide personal care to adults who live in their own homes in the community. It provides care for people in Supported Living settings. Supported Living is a term commonly used to describe specialist housing arrangements where people live in their own homes and receive personal care from a separate service. Clover Care was providing personal care to four people with a learning disability who chosen to live together and rent their own rooms in a shared house.

There was a registered manager in post, who worked from the providers office. 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.

We found people received a service that was based on their personal needs and wishes. People's needs had been assessed before they started receiving care and people we spoke with told us they had been involved in developing and updating their care plans. Changes in people's needs were identified and the care provided to each person was amended when necessary to meet these needs. Risks people might experience with their care and environment had been identified and were managed well.

People told us they had a very good social life and enjoyed taking part in a variety of activities. People said they enjoyed the opportunities to participate in a range of activities both at their home and in the community. Many activities people engaged in promoted their independence. People were supported to keep in touch with their families and friends.

People's medicines were managed safely. We saw that people were supported to be as independent as possible to take their own medicines. Where support was required, all processes for recording and managing medicines safely were followed.

We found the service employed enough staff to meet the needs of the people being supported. People who used the service were happy with the numbers of staff that supported them and knew them well.

People were supported by staff who have been checked as part of the recruitment process. We found that staff were trained and supported to undertake additional training as necessary. Staff knew how to recognise and respond to abuse correctly.

Staff told us they felt well supported and received an annual appraisal of their work performance. Staff

spoke highly of the management and support they received. There was effective leadership from the registered manager to ensure that staff in all roles were well motivated and enthusiastic.

People were supported by staff to choose a health balanced diet that met their needs.

People were supported to have their mental and physical healthcare needs met and were encouraged to maintain a healthy lifestyle. The manager sought and took advice from relevant health professionals for each person when needed.

People and staff knew how to make a complaint and felt confident that it would be dealt with well. People were encouraged to give their views about the quality of the care provided to help drive up standards. The systems in place to monitor and ensure that the service was effective had not been formalised to show that they were effective.

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 supported by staff who knew how to recognise and respond to abuse to help keep them safe.

We saw that risks were appropriately assessed and managed.

Staff were recruited appropriately and there were sufficient staff on duty to care for people.

People received their medicines safely.

Is the service effective?

Good ●

The service was effective.

Staff had been provided with training and support to enable them to meet people's needs.

The registered manager understood their responsibilities in relation to the Mental Capacity Act.

People were supported to access health care when needed

Is the service caring?

Good ●

The service was caring.

People we spoke with told us they felt cared for well.

The registered manager and care staff knew people well.

People were involved in making decisions about their care and staff took account of their individual needs and preferences.

Is the service responsive?

Good ●

The service was responsive.

People received support when they needed it. Support had been reviewed so people's preferences could be accommodated.

People were supported to take part in a range of activities that enabled them to maintain interests and hobbies.

People were supported to express any concerns and when necessary, the provider took appropriate action.

Is the service well-led?

The service was well led.

The service worked well with clear leadership and communication.

The registered manager was well liked and considered approachable.

Staff were motivated and they received on-going support

Quality assurance was undertaken regularly in an informal way with people using the service but they were not recorded.

Good ●

Clover Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 31 March 2016. The provider was given 48 hours' notice because the location provides personal care to people in their own homes or in a supported living home and we needed to be sure that someone would be available to meet with us during the inspection. The inspection team consisted of one inspector.

We looked at the information we held about the provider and this service, such as incidents, deaths or injuries to people receiving care, including any safeguarding matters. We refer to these as notifications and the registered provider is required to notify the Care Quality Commission about these events.

We asked the local authority if they had any information to share with us about the service. The local authority was responsible for monitoring the quality and funding for some people who used the service.

We spoke with two people who used the service and two staff. We spoke with the registered manager and the provider. We looked at the records of two people and two records of the staff. We also sampled records about complaints and accidents.

After the inspection the provider sent us further information that we had requested. The information enabled us to telephone and speak with a health professional involved in peoples' care and one person's relative.

Is the service safe?

Our findings

People told us they felt safe in their house. One person said, "I like my home. They [the staff] are kind, they talk to me nicely." A health professional told us, "They have strategies in place to keep the person safe, they are really good and they don't restrict them." Staff we spoke with told us they considered the service to be safe. One carer said, "It's excellent. If I had a member of family who needed that help, I'd want them to be there, it's brilliant."

We spoke with staff about their understanding of protecting people from abuse. They told us they had undertaken safeguarding training and would know what to do if they witnessed bad practice or other incidents that they felt should be reported to external agencies. One carer told us, "We did the safeguarding training as a video, I got the idea of it better. I got more information that way." Records confirmed staff had received training in this subject. Staff told us they were confident concerns would be taken seriously.

The registered manager told us that they had policies and procedures to manage risks. Staff understood the importance of balancing safety while supporting people to make choices, so that they had control of their lives. The registered manager had made sure that people had up to date risk assessments that were specific to them. Records we sampled were clear and told staff how to support people while keeping them safe from avoidable harm within their home and the community. We saw that all risk assessments were very personalised and written in a way that supported people to understand them. Staff told us that they were expected to sign to say they had read the risk assessments. This kept people safe from the risks associated with their specific conditions.

A satisfactory recruitment and selection process was in place. The registered manager told us that staff were not allowed to commence employment until a Disclosure and Barring Service (DBS) check had been received. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. Staff we spoke with confirmed that they were not allowed to work alone with people until this check was completed. Staff files sampled showed that application forms had been fully completed and appropriate references obtained. There were enough staff to support people safely. People told us that staff were with them when needed. Staff told us they felt there was enough staff employed to meet the needs of the people currently being supported by the agency. We saw that the registered manager had a rota of staff that made sure people had the right amount of support identified as necessary in their care plans.

People received their medicines safely and when they needed them. Staff we spoke with told us medicines were kept in a suitably safe location. The medicines were administered by staff that were trained to do so. Some people told us they were supported to administer their medicines themselves. One person said, "Somebody helps me when I have my medicines, they do it nicely." Staff said they supported people to have their medicines from monitored dosage systems (blister packs) to minimise the risk of errors. The blister packs were delivered to people's homes directly from the community pharmacy so people could manage their own medication when possible. The registered manager told us they took advice and guidance from the

local pharmacist if needed, and that they checked the medication recording sheets (MARS) every day. We saw samples of the MAR sheets and saw they were completed well. We found people's medicines were managed safely.

Is the service effective?

Our findings

People felt carers were competent in their roles and provided good care and support. One person said, "I'll always live here. There are lots of things to do all the time." A relative told us, "[My relative] has loved it from the minute they got there."

People felt staff were competent in their roles and provided good care and support. One person said, "I'll always live here. There are lots of things to do all the time." A relative told us, "[My relative] has loved it from the minute they got there."

Staff had the skills and knowledge to meet people's needs. Staff told us that they had received an induction when they began their job, and also had on-going training and supervision. One carer said, "We have to read all the care plans before we start." Another member of staff said, "I did the safeguarding training and other safety training such as fire evacuations." Another carer told us, "I did loads of training. The manager knows if you haven't done it, they are on to you straight away." We found the registered manager checked that staff had received training and took action when necessary.

All the staff we spoke with emphasised that the registered manager was always available to them for guidance and that communication was very effective. Comments included; "We have a communication book and handover, its brilliant;" and "When you go on duty you have to read to say you have read the handover." There were details of people's specific needs in relation to their health and support in their care plans which staff could consult when necessary. This meant people received care from staff who were skilled and knowledgeable about their support needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

The registered manager and the staff demonstrated that they were aware of the requirements in relation to the MCA. When necessary the registered manager had contacted the local safeguarding authority to ensure people were supported appropriately when there was a risk that the care they received could have restricted their freedom. There was one person who used the service currently being assessed by their social worker in relation to this however no application to deprive them of their liberty had yet been approved by the Court of Protection.

People were asked for their consent about how they wanted to be supported. One person said, "I go to bed

when I want to I get up when I want to." A relative said, "[My relative] has a lot of choices, they do their own thing." Staff told us they always asked for people's consent on a day to day basis. One carer said, "People decide what they want to do." The records we sampled showed that people were very actively involved in consenting to their care and were at all the meetings that were held about them. This enabled them to say how they wanted to be supported.

People told us they had food they had chosen and that they enjoyed. A visiting professional confirmed that people "People go out shopping and buy what they want to eat." We found that staff supported people to make their meals and snacks. The registered manager told us that people's weight was monitored and action taken if it varied significantly. Staff were able to describe the actions they would take should someone not be eating or drinking sufficiently. Care plans included further guidance for staff about the support each person required and what they liked to eat. These actions supported people to have nutritious food of their choice.

The service worked well to make sure people had good access to healthcare support services. People told us that they received timely health care appointments. One person said, "I see my doctor when I need to." We saw that care records included a health action plan for each person that detailed how each person's health needs should be met. We saw that the service worked closely with other professionals and agencies in order to meet people's support and health care requirements when necessary.

Is the service caring?

Our findings

People told us staff were helpful, respectful and kind. Comments from people included, "The staff are always nice, I like it here." and "They are kind the staff are, they talk to me nicely." Relatives told us that people could express their views and had made decisions about their care and support which staff complied with. A relative said, "We are all in it together." Relatives told us that they were very happy with the care, and that they felt the care was very homely. One relative told us, "The staff are very professional but very caring." and "The staff treat people like family." We saw people's records contained detailed up to date information about people's needs and preferences, so staff had clear guidance about what was important to people and how to support them.

We found that people were well cared for. Staff spoke very respectfully and kindly about the people they supported. One carer told us, "The care, the cleanliness and the kindness is all there, you couldn't want more." Another carer said, "All the staff are very compassionate, they are very thoughtful and kind." A health professional told us, "I'd say my client is very well cared for, they have a nurturing relationship with them." When discussing people who used the service, both staff and the registered manager expressed their views about the people they supported very kindly and respectfully.

People were supported by staff who understood the importance of respecting people's dignity and privacy. For example one carer told us how they always closed the door and that they always knocked before going into people's rooms. People we spoke with confirmed this. People told us they had been given the opportunity to have a key to their home if they wanted one, and felt in control of who came into their house. One professional said, "My client says that they don't want anyone in their room, so staff don't go in." Another carer said, "People decide what they want to do." We found that staff were aware they were working in people's own homes and understood how they needed to be mindful of this while providing care and support. People were encouraged to be involved in how the staff were appointed. The registered manager told us that people had always been included in the process of recruiting staff. People were given the opportunity of choosing if they wanted to be supported by a new member of staff. Staff we spoke with confirmed this happened and that they respected people's wishes. This helped people feel valued and achieve a sense of ownership and control within their own home.

Staff described how they maintained people's independence. A carer told us, "People choose their food. We don't cook for people, we cook with them." One professional told us, "Staff promote independence with cooking and shopping, it's going very well."

People told us that they were encouraged to do as much for themselves as they felt able to. We found that people's independence was regularly promoted.

All the people who used the service could access an external advocate when necessary to help express their views. The advocacy service told us, "The manager has been great, they keep in touch and their input was excellent. The manager knew people well and helped me produce a good support plan." This helped make sure people's individual opinions and choices were listened to.

Is the service responsive?

Our findings

People we spoke with told us about the activities they enjoyed and we saw that staff supported people to choose what they did each day. Relatives told us they felt there were enough activities available and people were supported to engage in activities they liked. A relative told us, "There's lots of things to do all the time." The registered manager told us that each person had an individualised activity programme that they decided upon on a daily basis.

Staff demonstrated a good knowledge of the people they supported, their care needs and their wishes. Staff we spoke with said they regularly read people's care plans, which they felt provided good information about their preferences and how they liked to be supported. People's relatives had also been approached to provide information about people's lifestyle choices and what they had enjoyed before joining the service. This included how to support people maintain relationships which were important to them. This information was updated as people's views changed and as staff got to know the person. One person told us how they liked staff to support them discreetly when out in the community and we saw that guidance for staff was in the person's care plan. The person said they were happy with how staff supported them and told us, "I go to [a local entertainment venue] and discos. I do lots when I want to." Each person was supported in line with their current needs and preferences.

People's care needs were discussed when staff arrived at the person's home, and any changes to how people wanted or needed to be supported were recorded in each person's care records. This ensured staff would know the best way to care for a person as their needs changed. Staff told us that significant changes would be discussed immediately with the registered manager, so that prompt action could be taken to meet people's specific needs.

The service had a complaints process that relatives and staff were aware of. Since the service began no complaints had been received. People we spoke with knew how to make a complaint about the service. One person told us they had commented on something they didn't like and that the registered manager was dealing with the issue for them. They said they felt they had been listened to. Staff confirmed that they could speak to the registered manager and felt confident they would deal with any concerns promptly. A carer told us, "There's a complaints policy in the house." This indicated that people would be listened to and their concerns acted upon.

Is the service well-led?

Our findings

People told us they felt the service was run well and they found the registered manager to be very approachable. All the staff we spoke with told us they enjoyed their work. One member of staff said, "It's brilliant, I wish I had started [here] years ago." Staff and relatives we spoke with told us they were able to contact the office when they needed to and another staff member said, "The registered manager is very good, she always rings you back. There's a good spirit here, good communication." Staff described an open culture, where they communicated well with each other and had confidence in their colleagues and in their manager. Members of staff told us that the manager was supportive and led the staff team well.

There was a key worker system which meant that named staff were responsible for developing and leading on the quality for a named person receiving support. Other staff could approach key workers for guidance and advice on how to meet people's specific needs. People met with their Key workers each week to discuss any concerns and how they wanted to be supported.. Records of these meetings were reviewed by the registered manager to ensure staff were providing care the way people wanted.

We saw that the provider used customer survey questionnaires as part of the weekly keyworker meetings to help people express their views about the quality of care they received. We also saw very recent staff and relative surveys that had not yet been analysed. The registered manager told us of improvements to service delivery that were planned as a result of the survey information.

People told us they felt the service was run well and they found the registered manager to be very approachable. All the staff we spoke with told us they enjoyed their work. Staff and relatives we spoke with told us they were able to contact the office when they needed to and another carer said, "The registered manager is very good, she always rings you back. There's a good spirit here, good communication." Staff described an open culture, where they communicated well with each other and had confidence in their colleagues and in their manager. Staff told us that the manager was supportive and led the care team well.

Staff told us they felt supported in their role. We saw that spot checks were undertaken by the registered manager to assure the provider that care was delivered in the right way and that risks to people's health and well-being were minimised. There was no formal recording of these checks but everyone we spoke with said they had taken place and action had been taken when necessary to improve the care people received. Examples included making sure people went out when and where they wanted to. The spot checks made sure that staff were performing their roles as expected and that people were receiving good quality care.

We found that while the provider did have a quality assurance system in place, however checks undertaken were not recorded or evaluated. The registered manager advised that they did check that records were completed accurately and were up to date and that key worker meetings had happened. The registered manager was involved with the delivery of care on a daily basis and used this involvement to ensure that people received care that was improved on a regular basis. The registered manager recognised that this was an area that the service needed to develop further.

