

Clover Independent Living

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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?

Outstanding 

Is the service well-led?

Good 

Overall summary

We undertook an unannounced inspection on the 22 December 2014 and 16 January 2015 of Clover Independent Living. This service is registered to provide personal care to people in their own homes. The inspection was carried out by one inspector. At the time of the inspection, there was one person using the service. The person could not communicate verbally but would use specific key words and gestures which staff were able to understand and recognise.

At our last inspection on 18 November 2013 the service met the regulations inspected.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

There were safeguarding and whistleblowing policies and procedures in place. Staff undertook training in how to safeguard adults. Care workers were able to identify different types of abuse and were aware of what action to take if they suspected abuse.

Summary of findings

There were suitable arrangements in place to obtain, and act in accordance with the consent of people using the service. Mental capacity assessments had been completed which outlined where people were able to make their choices and decisions about their care. Areas in which people were unable to give verbal consent, an independent advocate had been allocated and the relevant authorities were involved to ensure decisions were made in people's best interests.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes which protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. We saw people using the service were not restricted from leaving the home. When speaking to the manager, we found they were aware of the recent Supreme Court judgement in respect of DoLS.

People were cared for by staff who were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities. Care workers told us and records showed

that they received the training they needed to enable them to carry out their roles effectively and that training was always available.

Positive caring relationships had developed between the people using the service and staff. We observed the

manager and care workers were very attentive towards people and spent time engaging with them in a positive, encouraging and meaningful manner. People were treated with respect and dignity at all times. Care workers were very knowledgeable about the people's personal and individual needs.

The care being provided for people using the service was person centred care, flexible and responsive to the people's individual needs and preferences to enable them to live as full a life as possible. People were supported to follow their interests and maintain links with the wider community. Their needs and care were reviewed and monitored on a regular basis. We observed the keyworker had an excellent understanding of people's needs and preferences and adopted creative ways to enhance the people's well being, independence and quality of life

There was a clear management structure in place with a consistent team of care workers, a keyworker, manager and the registered manager. Care workers spoke positively about the culture and management.

Systems were in place to monitor and improve the quality of the service. Checks were being carried out by the manager and any further action that needed to be taken to make improvements to the service were noted and actioned. The home had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

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?

The service was safe. There were safeguarding and whistleblowing policies and procedures in place. Staff undertook training in how to safeguard adults.

Risks to people were identified and managed so that people using the service were safe and their freedom supported and protected.

Care workers had been with the home for a number of years which ensured a good level of consistency in the care being provided and familiarity to the person using the service.

Good



Is the service effective?

The service was effective. People using the service were being cared for by staff that were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities.

There were suitable arrangements in place to obtain, and act in accordance with the consent of people using the service and their choices were adhered to. People were supported by an independent advocate and the local authority to ensure decisions were made in the person's best interest.

People were supported to maintain good health, have access to healthcare services and to receive on going healthcare support.

Good



Is the service caring?

The service was caring. Positive caring relationships had developed between people using the service and staff. A person employed to provide a specific activity for the person provided positive feedback about the home They told us "This is a great place for [person]. [Person] always looks healthy. It is a clean and a great environment, quiet and calm atmosphere. They cover every corner here with [person]."

Staff were very attentive towards people and spent time engaging with them in a positive, encouraging and meaningful manner.

People were treated with respect and dignity from all the staff in the home and was provided with prompt assistance when it was needed.

Good



Is the service responsive?

The service was responsive. A person's independent advocate told us "It all works very well here. [Person] is the centre of everything." We observed the care being provided was person centred care, flexible and responsive to the people's individual needs and preferences to enable people to live as full a life as possible socially and independently.

We observed the keyworker had an excellent understanding of people's needs and preferences and adopted creative ways to enhance people's well being, independence and quality of life.

Outstanding



Summary of findings

There were arrangements in place for the people's individual needs to be regularly assessed, reviewed and monitored.

The service had clear procedures for receiving, handling and responding to comments and complaints.

Is the service well-led?

The service was well led. Care workers spoke positively about the culture and management and told us "They are so lovely towards [person]. They are like family. They are good people."

There was a clear management structure in place with a consistent team of care workers, a keyworker, manager and the registered manager.

Good



Clover Independent Living

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 provide a rating for the service under the Care Act 2014.

Before we visited, we checked the information that we held about the service and the service provider including notifications and incidents affecting the safety and well-being of people. No concerns had been raised. The provider also completed a Provider Information Return (PIR). The PIR 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 also provides data about the organisation and service.

The person using the service was not able to communicate with us verbally and tell us what they thought about the service. We therefore spent time observing the experience of the person and their care, how the staff interacted with the person and how they supported the person during the day and meal times. On the first day of the inspection, the registered manager, manager and one care worker were present as the person had come back from a GP appointment. On the second day we spent time with the person's keyworker and observed how the person was looked after.

We spoke to the persons independent advocate, social worker from the local authority, GP and a person employed to provide a specific activity for the person. We also spoke with the registered manager, manager, the keyworker and two care workers. We also reviewed the person's care plan, three staff files, training records and records relating to the management of the service such as audits, policies and procedures.

Is the service safe?

Our findings

The independent advocate for the person using the service told us “They do so much for [person]. [Person] is very safe. Very much so.” The social worker told us “We have no concerns about the care. There is nothing untoward here.”

The provider had taken steps to help ensure people were protected from avoidable harm and abuse because there were safeguarding and whistleblowing policies and procedures in place. Training records showed and staff confirmed they undertook training in how to safeguard adults. Care workers were able to identify different types of abuse and were aware of what action to take if they suspected abuse. They told us they would report their concerns directly to the registered manager, social services, the Police and CQC. The keyworker told us “If something bothers me, I will just say it.” Care workers were also able to explain certain characteristics the person they cared for displayed which enabled them to know that something was wrong or the person was not happy. For example. One care worker told us “I can tell by [person] behaviour. [Person] will distance from you if something was wrong.”

Risks to people were identified and managed so that people were safe and their freedom supported and protected. Individual risk management plans were completed for the person using the service. Each plan had an identified risk and measures to manage the risk and were individualised to the person’s needs and requirements. For example, the plan we saw covered visual impairment and potential risks such as in the kitchen and ensuring the hallways and floor space was kept clear of obstacles to ensure the person did not suffer from any potential injury and falls. The assessments we looked at were clear and outlined what the person could do on their own and when they needed assistance. This helped ensure the person was supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions. When speaking to care workers, they were aware of these risks and the support they needed to provide to keep the person safe. One care worker told us “I don’t want [person] to get hurt. I have to take care of them.”

The service had suitable arrangements in place to manage medicines safely and appropriately. We looked a sample of the Medicines Administration Record (MAR) sheets and saw they had been signed with no gaps in recording when medicines were given to a person. There were arrangements in place in relation to obtaining and disposing of medicines appropriately with a local pharmaceutical company. Records were completed which detailed the incoming medicine , date, dosage, quantity and were signed off by staff. We saw medicines were also checked on a monthly basis by the manager. Records showed and care workers confirmed they had received medicines training and policies and procedures were in place.

We asked care workers whether they felt there was enough staff in the home to provide care to people safely. One care worker told us “We are supported with this. We have good shifts and they always have cover. It’s all good” and another care worker told us “All of us have stable shifts. There is good teamwork here”. We saw rotas were in place. There was a specific team of care workers who had cared and supported the person and been with the home for a number of years which ensured a good level of consistency in the care being provided and familiarity to the person using the service. The manager told us “We have a good team here and the care workers have worked for years with each other.”

There were effective recruitment and selection procedures in place to ensure people were safe and not at risk of being supported by people who were unsuitable. We looked at the recruitment records for three care workers and found appropriate background checks for safer recruitment including enhanced criminal record checks had been undertaken to ensure staff were not barred from working with vulnerable adults. Two written references and proof of their identity and right to work in the United Kingdom had also been obtained.

Is the service effective?

Our findings

People were cared for by staff who were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities. Care workers spoke positively about their experiences working at the home. One care worker told us “I like the home, it’s good and wonderful.”

During our inspection we spoke with care workers and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. Care workers told us that they received the training they needed to enable them to carry out adequate training to enable them to carry out their roles effectively and that training was always available. Records showed the care workers had completed their induction training and had also received training in areas such as infection control, safeguarding adults, mental capacity, deprivation of liberties, medication, health and safety and positive behaviour techniques. One care worker told us “You can speak to the managers about anything. We get regular training and it helps us a lot.”

We looked at three staff files and saw care workers received supervision and an annual appraisal to monitor their performance. Records also showed that staff had obtained National Vocational Qualifications (NVQs) in health and adult social care. Care workers told us the registered manager always supported them to obtain further qualifications and develop their skills.

There were suitable arrangements in place to obtain, and act in accordance with the consent of people using the service. Care plans contained information about the person’s mental state and cognition. A mental capacity assessment had been completed which outlined where the person was able to make choices and decisions about their care. In areas in which the person was unable to give verbal consent, records showed an independent advocate and the relevant authorities had been involved in making decisions in the person’s best interests. Records also showed arrangements were in place for the relevant local authority to manage the person’s finances as the person did not have the capacity to do this themselves. The manager showed us records and explained the care workers would record all the transactions and keep the receipts. The receipts were numbered and signed off by the manager and then sent to the local authority to review on a

monthly basis. The social worker told us “The finances are all in hand and no concerns have been raised.” Care workers told us the finances were also checked during their handover each day.

When speaking to the manager and the care workers, they showed an understanding of the Mental Capacity Act 2005 (MCA) and issues relating to gaining consent. Training records showed that all the care workers had received MCA training. When speaking to the keyworker about mental capacity and gaining consent they told us “You must always assume they have capacity. They have their own way of telling you what they want.” The keyworker was also able to provide an example where a best interest meeting had been held for the person to receive the dental treatment they required as they was unable to give verbal consent for this themselves. This was also reflected in the person’s care plan. The keyworker told us “We get everyone involved to get a decision”.

We spoke with the independent advocate who told us “They always update me. If [person] needs to go to the hospital, I will get a message. We have best interest meetings when they are needed.”

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes which protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. We saw the person using the service was not restricted from leaving the home. There was evidence that showed the person went out and enjoyed various activities and community outings. In areas where the person was identified at being at risk when going out in the community, risk assessments were in place and we saw that if required, they were supported by staff when they went out.

When speaking to the manager, we found they were aware of the recent Supreme Court judgement in respect of DoLS. Records showed the manager had applied for a standard authorisation of the deprivation of liberty for the person using the service and liaising with the local authority DoLS lead to ensure the person was not unlawfully restricted in any way.

The person using the service was supported to maintain good health, have access to healthcare services and to receive ongoing healthcare support. In the person’s care

Is the service effective?

plan, there were records of appointments and medicine prescribed by healthcare professionals including GPs, chiropodist, dentist and opticians. Information showed the date and type of appointment, reason for the visit, the outcome and any medication prescribed or change in medication. On the first day of the inspection, we observed the registered manager had come back from attending a doctor's appointment with the person as a result of the person feeling unwell. The keyworker told us "If there is anything wrong, I do not hesitate. I will take [person] to the doctors straight away."

We requested feedback from the person's GP practice and they told us "We have dealt with [person] along with [person's] care workers and our experience has generally been good. They are caring towards [person] and [person] comes clean and not obviously neglected." "There are appropriate concerns expressed about [persons] health. At one stage when we wanted to ensure there was an appropriate follow up, the manager did take ownership of that and brought [person] accordingly."

The person using the service was supported to get involved in decisions about their nutrition and hydration needs. The person's eating and drinking needs and preferences were recorded in their care plan and their weight monitored on a monthly basis. We saw the service had identified risks and accommodated particular needs with the person's eating and drinking. The person using the service was having a Dysphagia diet as they experienced problems with chewing and swallowing.

In the person's care plan, there was specific section "My Food" which included guidelines for staff to follow and

information relating to Dysphagia diets. There were clear instructions stating the food should be "Soft, pureed or fork mashed. No pips and bones" and for care workers to "Remind me to slow down" to ensure ease of swallowing and to minimise the risk of choking. Records showed the person had also been referred to and assessed by a Speech and Language Therapist (SALT).

When speaking to the keyworker, they were very aware of the person's needs and we observed the guidelines relating to the person's diet were being followed during meal times. The key worker told us "We have to be careful what we give [Person] to eat and avoid foods that have peas and sweetcorn in them for example when we take [Person] out especially." The keyworker also told us "I do the food shopping and always take [person] with me. [Person] loves pushing the trolley and I try to get [person] involved with choosing what food [person] would like to eat."

Throughout the inspection, the person was offered choices and staff respected and adhered to the person's choices and wishes. Before evening dinner, we observed the keyworker asking the person what they wanted to eat and offered them a choice. We found the keyworker listened patiently for the person to respond. During the evening meal, we observed food was freshly cooked and pureed for the person to enable them to eat with ease. We observed the person was not rushed and left to eat at their own pace. The keyworkers provided support when the person indicated they needed it. The keyworker also reminded the person to slow down when they ate as outlined in their care plan.

Is the service caring?

Our findings

The independent advocate we spoke with said, “The team they have to care for [person] are amazing. They look after [person] like a family.” And “I can’t complain about the care, [person] is doing extremely well.”

During this inspection, we observed positive caring relationships had developed between the person using the service and staff. We observed the person was very relaxed and was free to come and go when they pleased and appeared to be at complete ease. We spoke with a person employed to provide a specific activity for the person that came to the home each week and they provided positive feedback about the home. They told us “This is a great place for [person]. [Person] always looks healthy. It is a clean and a great environment, quiet and calm atmosphere. They cover every corner here with [person].”

The manager and care workers were very attentive towards the person and spent time engaging with them in a positive, encouraging and meaningful manner. During the inspection, we observed they were very aware of the person and their needs. The keyworker showed us that the person liked to play games which they enjoyed and made them happy but to also encourage their mental stimulation. The keyworker told us “I love looking after [person]. Because we have care on a one to one basis here, I can focus on [person] and really provide [person] with the care [person] needs.”

We observed the person was treated with respect and dignity from all the staff in the home. The person was provided with prompt assistance when it was needed but

was also encouraged and to build on and retain their independent living skills. When speaking with care workers about people’s respect and dignity, they had a good understanding and were aware of the importance of treating people with respect and dignity. The keyworker told us “[Person] can take their clothes off themselves. You just have to prompt [person]. I let [person] have their independence. I tell [person] what I am doing first and explain to them. You just talk to [person] as you would anyone else.” Another care worker told us “We respect [person] no matter what and treat them as an individual.”

The service supported the person to express their views and be involved in making decisions about their care, treatment and support where possible. Records showed there were regular meetings between the person using the service, their advocate and local authority to ensure people who could speak on the person’s behalf were involved and the person was supported to enable decisions in their best interests. The social worker told us “Staff treated [Person] respectfully, helping [person] to participate in the review. Staff knew [person] well and [person] was content with the staff around them. Staff had a good rapport with [person] and know [person] well.”

In the person’s care plan, it showed how the person could communicate and contained a communication passport which detailed specific body language, gestures, facial expressions and key words the person used to communicate. When speaking with care workers, they were very knowledgeable about the person’s personal and individual needs.



Is the service responsive?

Our findings

The person using the service received personalised care that was responsive to their needs. We looked at the person's care plan which contained an introductory section "All about me" which provided information about the person's life history and medical background and a detailed support plan outlining the support the person needed with various aspects of their daily life such as medicines, healthcare, daily living skills and self-care, eating and drinking, communication and mobility.

The care plan was person-centred, detailed and specific to the person and their needs and included details of things which were important to them. This demonstrated that the registered manager was aware of the person's specific needs and provided appropriate information for all care workers supporting them. We saw that the person's care preferences were reflected in their care plan such as their habits, daily routine and preferred times they liked to wake up and go to sleep. When speaking with care workers, we found they understood person centred care and able to put this into practice. One care worker told us "[Person] knows their routine. It is important we keep to that" and another care worker told us "[Person] likes to sleep late sometimes. We never force [person] to go to sleep, we wait until [person] is ready. The keyworker told us "[Person] will just get up and go to their bedroom then we know [person] is ready for bed."

We observed the care being provided for the person was person centred care, flexible and responsive to the person's individual needs and preferences to enable the person to live as full a life as possible. The home promoted and encouraged the person's independence and care workers gave prompts to the person using the service to enable them to do tasks and exercise daily skills they were able to do themselves such as brushing their teeth.

We observed the keyworker had an excellent understanding of the person's needs and preferences and adopted creative ways to enhance the person's well being, independence and quality of life. The person using the service has a visual impairment and has limited vision however we found the service ensured the person was fully supported to maintain their independence. The keyworker told us "[Person] knows where everything is. I have guided [person] around the home and [person] knows where things are." During the inspection, we saw this put into

practice. For example, the keyworker asked whether the person would like a cup of tea. The person agreed and the keyworker then went onto say "I am going to make you a cup of tea, is that okay? Would you like to get your apron from the kitchen?" We observed the person slowly made their way to the kitchen and went to the area where the apron was placed. The keyworker supported the person with this who then made their way to the table by themselves. The person ate independently and when the person had finished their food, the keyworker asked "Would you like to take the dishes to the kitchen?." We then observed the person made their way to the kitchen independently and was aware of where the sink was to place the dishes. We observed the keyworker used gentle prompting and provided support when the person requested it and also acknowledged the person's efforts and praised them when the task was completed. The keyworker went onto say "Thank you. Well done. Can I take this apron off for you?" The person responded by saying "bah bah" and the keyworker supported them to take the apron off.

The keyworker had guided and taught the person the layout of the home which enabled the person to be free and come and go as they pleased in the home. Although the person using the service had limited vision, we observed the person was also fully aware of where the bathroom and bedrooms were and was able to find their way unaided. The person's home was a ground floor flat with an open lounge area and kitchen. We saw the floor space leading to each room was kept clear which made it easier for the person to navigate themselves and walk from room to room independently. The keyworker told us "I look at the things [person] can do and encourage [person] to do it themselves."

The person using the service was supported to follow their interests and maintain links with the wider community. The keyworker told us "I usually try and take [person] out everyday so that [person] gets some fresh air and exercises their legs. We are lucky we have a park nearby and everybody knows [person] round here." The person had a weekly activity chart in place which included walks in the local park, day centre, bus rides, a weekly sensory art session, community outings and trips to a particular café the person liked have to lunch at. To build and maintain social relationships and avoid the risk of social isolation, the person was encouraged and supported to attend music recitals at the local church and weekly karaoke sessions at



Is the service responsive?

one of the other homes the provider has and have the opportunity to meet with the other residents. The keyworker told us “[Person] loves dancing and music.” The person using the service also attended birthday parties and had gone on holidays during the year.

Both the independent advocate and social worker told us the [person] was very socially active and participated in various activities. The independent advocate told us “[Person] and staff attend a community event every month and you can see [person] enjoying themselves. The care worker dances with the [person] too”. “[Person] is always clean and turned out very well in the community. [Person] is always out in the community.”

The independent advocate also told us “It all works very well here. [Person] is the centre of everything.”

There were arrangements in place for the person’s individual needs to be regularly assessed, reviewed and monitored. Records showed the manager conducted monthly and three monthly reviews of the person’s care plan and care provided. This included reviewing areas such as the weight, diet and nutrition, healthcare appointments,

accidents and incidents, new needs identified, personal space checks, bed linen/toiletries, activities and maintenance. Records showed when the person’s needs had changed, the person’s care plan had been updated accordingly and measures put in place if additional support was required. Care workers also told us there was a handover after each of their shifts and daily occurrence notes were completed by care workers. We saw daily occurrence notes had been completed which detailed the care which had been provided.

The home had clear procedures for receiving, handling and responding to comments and complaints which also made reference to contacting the Local Government Ombudsman and CQC if people felt their complaints had not been handled appropriately. Care workers showed awareness of the policies and said they were confident to approach the registered manager if they had any concerns. They felt matters would be taken seriously and the registered manager would seek to resolve the matter quickly. There were no complaints received about this service.

Is the service well-led?

Our findings

Care workers spoke positively about the culture and management within the home and told us “They are so lovely towards [person]. They are like family. They are good people.”

There was a clear management structure in place with a consistent team of care workers, keyworkers, manager, registered manager and the provider. One care worker told us “They listen and the home runs smoothly.” The person employed to provide a specific activity for the person told us “The manager is very approachable and they care for [person] a lot.” The independent advocate told us “The managers here are open and transparent.”

Records showed that staff meetings were being held and minutes of these meetings showed aspects of care were discussed and that the staff had the opportunity to share

good practice and any concerns they had. Care workers told us “It is all open here. We get on well with each other” and the keyworker told us “We work with each other here. The manager always asks for our input even when she does the monthly reviews for [person]. We do it together”.

Systems were in place to monitor and improve the quality of the service. We saw evidence which showed monthly checks were being carried out by the manager and any action that needed to be taken to make improvements to the service were noted and actioned. We found checks were extensive and covered all aspects of the home and care being provided such as premises, health and safety, medication, records, finances, review of care plans, policies and procedures, staff records and supervisions.

There was an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others. We saw there were systems in place for the maintenance of the building and equipment to monitor the safety of the service. Portable Appliance Checks (PAT) had been conducted on all electrical equipment and maintenance checks. Accidents and incidents were recorded and fire drills and testing of the fire alarm completed.