

Cloverley Care Limited

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## Inspection report

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01 October 2017

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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 27, 29 September and 1 October 2017 and was announced.

Cloverley Care Limited was a newly established care provider supporting people in their own homes. At this inspection they were providing personal care for six people.

A registered manager was in post and present at this inspection. 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 were protected from the potential harm of abuse or ill-treatment as staff knew how to recognise and respond to such concerns. People were supported by enough staff to meet their needs and who arrived on time and stayed for the agreed length of time. People were assisted with their medicines safely by staff who were competent to do so.

The provider followed safe recruitment procedures when employing new staff members. Staff were well supported and undertook training relevant to those they assisted.

People were assisted by a staff team that knew them well. People had care and support plans that were personal to them and reflected their individual needs and preferences.

People had choice and control over their lives. Staff were aware of current guidance which directed their practice and people's human rights were protected by the staff who supported them.

People received support from a staff team that was caring and compassionate. People had their privacy and dignity respected by those supporting them. People were supported by staff members when they needed comfort and support.

People and their relatives were encouraged to raise any concerns or complaints. The provider had systems in place to address any such issues raised with them.

The management team were approachable and supportive. People receiving services from Cloverley Care, and their relatives, felt any suggestions they made were valued by the provider.

Staff members felt respected as employees and their opinions and ideas were listened to by the provider. The provider had systems in place to monitor the quality of service and where necessary made changes to drive improvements.

## 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 protected from abuse or ill treatment as staff understood how to recognise and report any concerns they had about people's safety or wellbeing.

Risks associated with people's care were assessed and steps taken to minimise the risk of harm.

Checks were made before staff could start work to ensure they were safe to work with people.

When people needed assistance with their medicines they were supported by trained and competent staff members.

### Is the service effective?

Good ●

The service was effective.

People were assisted by staff members who were trained and supported to undertake their role.

People had their rights protected by staff members who followed current guidance.

People were supported to access healthcare provision in order to maintain wellbeing.

People were supported to eat and drink enough to maintain their health.

### Is the service caring?

Good ●

The service was caring.

People were supported by a kind and compassionate staff team.

Staff spoke about those they supported with warmth and respect.

People were involved in making decisions about their own care and support. People were encouraged to maintain relationships that mattered to them.

### Is the service responsive?

Good ●

The service was responsive.

People, and when needed those that mattered to them, were involved in developing personal care and support plans that reflected their individual needs and wants.

People's individual preferences were known by the staff members supporting them.  
People were able to raise any concerns or comments with the provider and were confident their opinions were valued.

**Is the service well-led?**

**Good** ●

The service was well led.  
People and their family members knew Cloverley Care Limited's management team and found them to be approachable and supportive. The provider and staff had shared values when supporting people. The registered manager and provider had systems in place to monitor the quality of support delivered and made changes when required.

# Cloverley Care Limited

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 27, 29 September and 1 October 2017 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 was completed by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

In addition we asked the local authority and Healthwatch for any information they had which would aid our inspection. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care services. We used this information as part of our planning.

We were not able to directly speak to anyone receiving services from Cloverley Care. However we did speak with four relatives, four care staff, the registered manager and director of care. We looked at the care and support plans for three people including assessments of risk and records of medicine administration. We confirmed the safe recruitment of two staff members.

# Is the service safe?

## Our findings

People were protected from the risk of harm caused by ill-treatment and abuse. One relative told us, "I trust all those who come into support [relative's name]. They are completely trust worthy and I have never had any cause to suspect that they would ever upset or hurt them." Staff members we spoke with told us they had received training on how to identify and respond to any concerns of abuse and ill-treatment. One staff member said, "I would put a stop to it straight away and report it to my manager. If I needed I would go straight to the Police." Staff members had a staff handbook which they carried with them. This handbook contained information on how to report abuse and the relevant contact numbers should they need to. The registered manager told us that they had systems in place to respond to any concerns raised with them including making referrals to the local authority if required. However, up to this inspection they had not need to make any such referrals.

People had individual assessments in place to minimise the potential for harm associated with their care. We saw individual assessments of risk for people including diet and nutrition, pressure area breakdown and missing person procedures. One relative told us that when Cloverley Care first became involved with their family member they completed an environmental assessment. This was to identify any risks to the person associated with where they lived which could also compromise the support they received. For example, one relative told us their family member agreed to having their bed moved to a different part of their home to enable care to be completed in a safer way for them. One staff member told us, "We recognised that [person's name] could do with some adaptations to their home to help them move around in a way that was safer. With their permission we had some grab rails put in which they started using straight away. One relative said, "[Staff member's name] helps [relative's name] with a hoist. They are completely safe and we have full trust in them."

Any incidents or accidents were monitored by the provider to ensure all actions had been completed. For example, when one person fell over a re-assessment of their needs was completed. This included a revision to their individual mobility risk assessment. Additional equipment was provided to support them in their own home. One relative said, "[Relative's name] wasn't injured following their fall. However, they (staff) had done everything I could imagine to prevent them from falling again. They always support them to move around their own home. I find this very reassuring." Another relative said, "Staff walk alongside [relative's name]. This is so they can keep moving. They (staff) know if they used the wheelchair all the time [relative's name] would lose the ability to walk. They accept there is a risk of falling but this is outweighed by keeping them mobile for as long as possible."

Relatives told us there were enough staff to support their family members safely and to assist them to do what they wanted. One relative said, "They (staff) are always on time and stay for as long as agreed. We always have the same staff members and the consistency in staff is excellent. I can't fault it." The provider followed safe recruitment procedures when employing new staff members. These checks included obtaining references and checks with the disclosure and barring service (DBS). The (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with others.

People received their medicines when they needed them and were supported by staff who were competent to do so. The provider had appropriate guidelines and policies in place to safely support people with the medicines they needed to keep healthy. One staff member said, "Before I could support anyone with their medicines I had to complete the safe handling and administration of medicines course. I was then assessed as competent before I could support anyone." We saw people had individual assessments of risk associated with their medicines which included their preferred method of taking their medicine. For example, one person found it easier to take their medicines if they were in liquid form which staff supported them with.

# Is the service effective?

## Our findings

People were supported by staff who had the knowledge and skills to effectively meet their needs. One relative told us, "I cannot find any criticism of any of the staff. It is evident that they are appropriately trained and up to date with their practice." Before any staff members started working with people they undertook an introduction to the work they would be completing. One staff member said, "I went out with a more experienced staff member when I first started. I like to be thrown in at the deep end but I was supported to get to know people and how they liked to be cared for." Other staff members we spoke with told us they were supported to complete their care certificate. The Care Certificate is a nationally recognised training programme aimed at training staff to recognise the standards of care required of them.

Staff members had additional training relevant to those they supported. One staff member told us, "I completed the training in dementia. I used to believe this was a very sad illness and it upset me thinking about it. However, after learning about it I know people can still live a life which is joyful. I remind myself of this when supporting people."

Staff members were supported by a management team and attended regular one-on-one support sessions. One staff member said, "I have a regular supervision session with [staff member's name]. During this we can discuss those I support and if there is anything I could be doing better. We also look at my training and identify if anything else is needed."

People were supported to make decisions about their care, activities and day to day routines. One relative said, "Staff are very good. They never assume what someone wants but always ask and if needed prompt them. Like if [person's name] is not making a decision about what they want to eat staff would always suggest something they know they like. This just helps them to make a choice if they are getting a little stuck."

Staff we spoke with told us the process they would follow in order to ensure any decisions made were in the best interests of the person concerned. For example, one staff member told us they would involve the person concerned as much as possible whilst engaging their family members and any relevant health care professional if a major decision needed to be made.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act. Any such applications must be made to the Court of Protection. The provider had properly trained and prepared their staff in understanding the requirements of the MCA in general. At this inspection the provider had not needed to make any such



applications. However, they had contacted the local authority as they believed this may be needed in the future for someone they were supporting.

People were supported to have enough to eat and drink to maintain their well-being. Relatives told us their family members were supported to make healthy eating decisions. One relative said, "I sort all the meals for [family member] but it is the staff who support them to eat enough. I know if I leave something out for them I can trust the staff to encourage them to eat." People had individual assessments associated with their eating and drinking. These included people's preferences which encouraged them to eat. For example, one person liked to eat at the table but needed a certain amount of time before hand to prepare themselves. Staff members we spoke with knew about these preferences and supported the person to prepare themselves to eat.

People had access to health care services when they needed it. These included foot health, GP, district nurses and opticians. The provider referred people for healthcare assessment promptly if required.

## Is the service caring?

### Our findings

People were supported by a staff team which relatives described as, "Caring," "Lovely," "Reliable," and "Professional." One relative said, "They (staff) are all like angels. They respect [relative's name] and truly treat them so well." Another relative told us how their family member can be a little "Grumpy" at times. They went on to say that the staff members can turn this around just by being in the same room as them.

Staff spoke about those they supported with warmth and respect. One staff member said, "You either have it or you don't to work in care. If you can't show a caring side then you shouldn't be in care at all. Another staff member told us, "I always consider what it would be like to look after my Nan or Grandad. This is what I consider when I support people. What would they think of the care I gave?"

People were supported to make decisions about the care and support they received. One relative said, "Staff will always prompt [relative's name] to make a decision for themselves. They will always ask if they want some help and use a hand on hand method to involve them in any personal care."

People were supported by staff members who treated them as if they mattered. One relative said, "I have noticed so much improvement in [relative's name] since Cloverley Care have been involved. They (staff) always talk with them. Not just about care but about things they know they were interested in. This has made such a difference. They [relative] are so much more engaging since Cloverley Care have been involved."

Relatives told us staff members respected people's privacy at all times as well as their individual need for personal space. One relative said, "[Relative's name] can be a little difficult at times. Staff know they like time and space to work through what they need. They will never rush them which, I believe, shows a great deal of respect."

People had their dignity respected by those supporting them. One relative told us, "All staff are aware of the need to respect people's dignity. They always support [relative's name] to do what they can for themselves and if they need help this is always done in private."

Information personal to the individual was kept securely and staff members we spoke with were aware of the need for confidentiality.

## Is the service responsive?

### Our findings

People, and when needed their relatives, were involved in the development of their personal care and support plans. One relative told us, "When they (Cloverley Care) first started with [Relative's name] we all sat down and went through everything. I felt that they really got to know them as a person." Another relative told us, "I think the care plans are excellent. We were involved in the initial planning and we were given a copy to comment on. There were a few tweaks that we suggested and they (Cloverley care) listened to us. We felt completely involved in the process and felt able to contribute."

The care and support plans we looked at were individual to the person they concerned. They contained the information staff members needed in order to effectively support people. In addition to physical and caring needs, people's likes and interests were identified and known by those supporting them. For example the names of people's pets were identified as well as any faith or religion they practiced. One staff member said, "It's nice getting to know the person we support. You have to be interested in people to do this sort of work and we have plenty of time to chat."

People and their relatives were involved in regular reviews of their care with Cloverley Care. One relative told us, "I have just been through everything with [staff member's name]. We talked about how things had been. If we had any suggestions for how they could do anything differently and if we were happy with everything over all. Which we were." Another relative told us, "During the recent review of [relative's name] care we had to compliment [staff member's name]. We felt this was the perfect forum to do this as we were asked what had gone well and they are a fantastic staff member and we wanted them to know it."

People were supported to engage in activities they found interesting and stimulating. One relative told us, "[Relative's name] is supported by Cloverley Care to a dementia friendly cinema. This is a fantastic opportunity for them as this is something they loved and really enjoy." Other relatives told us that their family members were supported with their shopping in their home towns and popping into local café for a cup of tea. One relative said, "They (staff) don't tend to do things for people but rather they do things with them."

Relatives we spoke with told us they knew who to contact should they have a concern. All those we spoke with told us they would have no hesitation in phoning the office at any time and that they had the relevant contact details should they need them. No one we spoke with had cause to raise any complaints or concerns with Cloverley Care since they started to support their family members.

The provider had systems in place to respond to any complaints they received. At this inspection the provider had not received any formal complaints but had one instance where they recognised a potential could exist for a breakdown in communication. As such they addressed this with the appropriate agency at the earliest opportunity. This was to avoid any inconvenience for people and to ensure they worked effectively with multi-agency partners.

## Is the service well-led?

### Our findings

People and relatives knew the management team at Cloverley Care and told us they saw or spoke with them regularly. One relative told us, "I can phone anyone at any time. I know if I need anything in an emergency [Care director's name] will drop everything and come straight out to us." All those we spoke with knew the management team by name and felt confident to contact them at any time they wanted or needed.

People and relatives felt involved in the care and support provided and in the development of Cloverley Care. One relative said, "We are asked for our opinion regularly and we feel that our feedback helps to shape what is still a very new organisation." The registered manager told us that as they are still in their first year of supporting people they had yet to send out an annual survey to formally gather people's feedback. However, this had been developed and we saw a copy of the questionnaires they were about to send out. The registered manager told us, "Once we have this feedback we will look at what changes we can make and how best we can continue to develop the service we provide." Although the provider had not completed these surveys at this inspection they had processes in place to gather the feedback from people. In addition relatives told us they provide feedback through the review process and felt able to make any suggestions when they wanted.

Staff members we spoke with told us they felt valued as part of a team and as individuals. One staff member said, "Recently I received some compliments that people had passed to [Care coordinators name]. It was so nice that they then passed them on to me and it gave me a bit of a boost." Staff members felt that the management team was approachable and that their opinions mattered to them. One staff member told us, "We have regular staff meetings. I understand that they [The management team] have things which they need to tell us but we also have the opportunity to raise things that matter to us." This staff member went on to tell us how they felt additional training in a specific area would assist their work which has been taken forward by the director of care.

Staff members understood the policies and procedures that informed their practice including the whistleblowing policy. Staff members we spoke with were confident they would be supported by the provider should they ever need to raise a concern.

At this inspection there was a registered manager in post. The registered manager understood the requirements of their registration with the Care Quality Commission. The registered manager is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. At this inspection it had not been necessary for the registered manager to make any such notifications. However, the registered manager understood the requirements to submit notifications to the Care Quality Commission. They talked us through the types of occurrences they need to tell us about. The registered manager told us they kept their professional practice up to date by liaising with a local care provider representative organisation, local authorities and had subscribed to a number of bulletins including health and safety and a national care knowledge sharing organisation.

Cloverley Care had systems in place to monitor the quality of service provision. The registered manager told

us they assessed information from spot checks, feedback from people and relatives and communications from staff members which they used to drive improvements. For example, following one quality check they identified that one staff member was not displaying their name badge. However, this was as a result of the person they supporting becoming concerned if they displayed such a badge. As a result the persons support plan was adapted to reflect their personal preference regarding the display of name badges.