Clover

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Inspection report

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Ratings

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

Overall summary

The inspection took place on the 30 April and 28 May 2015. This was an announced inspection. The provider was given 48 hours' notice because the location provides a domiciliary care service.

Clover is providing support and assistance for two people with learning disabilities to live independently in their own home. The provider told us that this was the maximum number of people they were looking to support.

There was a registered manager in post. 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.

There were systems in place which provided guidance for care workers on how to safeguard the people who used the service from the potential risk of abuse. Care workers understood the various types of abuse and knew who to report any concerns to.

Summary of findings

There were procedures and processes in place to ensure the safety of the people who used the service. These included risk assessments which identified how the risks to people were minimised.

There were sufficient numbers of care workers who were trained and supported to meet the needs of the people who used the service. Care workers had good relationships with people who used the service.

Where people required assistance to take their medicines there were arrangements in place to provide this support safely.

People were supported to choose a healthy and balanced diet. Where care workers had identified concerns in people's wellbeing there were systems in place to contact health and social care professionals to make sure they received appropriate care and treatment.

People or their representatives, where appropriate, were involved in making decisions about their care and support. People's care plans had been tailored to the individual and contained information about how they communicated and their ability to make decisions.

People were supported to pursue their hobbies and interests.

A complaints procedure was in place to ensure people's concerns and complaints were listened to, and addressed in a timely manner and used to improve the service.

Care workers understood their roles and responsibilities in providing safe and good quality care to the people who used the service. The service had a quality assurance system and shortfalls were addressed. As a result the quality of the service continued to improve.

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.

Care workers understood how to recognise abuse or potential abuse and how to respond and report these concerns.

There were enough care workers to meet people's needs.

Where people required assistance to take their medicines there were arrangements in place to provide this support safely.

Good

Is the service effective?
The service was effective.

Care workers were trained and supported to meet the needs of the people who used the service.

People were supported to maintain good health and had access to appropriate services which ensured they received on-going healthcare support.

Where required, people were supported to maintain a healthy and balanced diet.

Good

Is the service caring?
The service was caring.

People's privacy, independence and dignity was promoted and respected.

People and their relatives were involved in making decisions about their care and these were respected.

Good

Is the service responsive?
The service was responsive.

People's care was assessed, planned, delivered and reviewed. Changes to their needs and preferences were identified and acted upon.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Good

Is the service well-led?
The service was well-led.

The service provided an open culture. People were asked for their views about the service and their comments were listened to and acted upon.

The service had a quality assurance system and identified shortfalls were addressed promptly. As a result the quality of the service was continually improving. This helped to ensure that people received a good quality service.

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 30 April and 28 May 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. The inspection was undertaken by one inspector.

We observed the support given to the two people using the service. We spoke with one of the people using the service and spoke with two social care professionals who have regular contact with the service.

We looked at records in relation to the two people's care. We spoke with the registered manager who also worked as a care worker, and another care worker. We looked at records relating to the management of the service, care worker training, and systems for monitoring the quality and safety of the service.

Good

Is the service safe?

Our findings

People were protected from avoidable harm and abuse. Care workers told us how they used their knowledge of individual people's verbal and non-verbal body language to support them in doing this. This was because any changes in a person's mood or behaviour could be an indication that they were unhappy or worried. When this was noted they would take action to try to identify the cause and resolve the situation. This included speaking to others that had been involved in the person's day, for example day services and work placements.

A social care professional told us that the registered manager would be on the telephone, "Immediately," if they had noted a change in a person's wellbeing. They provided examples where this had happened, and action taken to resolve the situation. This told us where people were unable to clearly communicate their concerns or worries, systems were in place to ensure they were picked up, and acted on quickly to ensure their safety and wellbeing.

A care worker told us that they had been provided with training in safeguarding people from abuse, which was confirmed in records. The registered manager and care worker understood their roles and responsibilities regarding safeguarding, including the different types of abuse and how to report concerns. This included putting systems in place to ensure people accessing the local community independently felt safe. This was demonstrated during our visit when a person booked their taxi to go out. The registered manager told us that people only had access to the taxi services whose drivers had been cleared to work with vulnerable adults. A social care professional commented that the service provided the right, "Balance of supporting independence and safety."

People's care records included risk assessments and guidance for care workers on how these risks were minimised. These included risk assessments associated with personal safety, for example using public transport, swimming and riding a bike. People were involved in the planning of the risk assessments. Reviews of care with people and their representatives, where appropriate, were undertaken to ensure that these risk assessments were up to date and reflected people's needs.

To support people's safety and welfare when they went out independently, they had been given a card with information on who to contact in an emergency. This meant if an incident occurred, and the person was unable to do this independently, others, such as paramedics would know who to contact.

Systems were in place for care workers to respond to any emergencies in the person's home, such as a power failure. As care workers were aware that darkness would trigger a person to become distressed extra torches were located throughout the person's home. This ensured they could be quickly be accessed in an emergency.

There were sufficient numbers of care workers to meet the needs of people. This included 24 hour support at weekends. Time spent with the people using the service showed that they were provided with flexible level of support which enabled them to maintain their independence and safety. For example, when people returned from their work placements/day services, both chose to go out to different places. This could be easy accommodated by the two care workers on duty.

The registered manager, due to the small size of the service, told us they were able mix their time between their management role, and a 'hands on role' working as a care worker. They told us that they felt that there were sufficient numbers of care workers to provide flexible support. Contingency plans were in place to ensure any absences of the registered manager, and the people's two main care workers, if the need arose, were covered. Records showed that the cover would be provided by suitably skilled and experienced staff known by the people, which supported continuity of care.

People were protected by the service's recruitment procedures which checked that care workers were of good character and were able to care for the people who used the service. As there had been no new care workers taken on, we did not look at any personnel files. Instead the registered manager talked us thorough their recruitment procedures, which confirmed that that appropriate checks would be undertaken on prospective staff members before they were employed by the service.

There were flexible systems in place to support people to be independent and look after their own medicines, or if required, for care workers to provide individual support. This enabled people who did not normally take medicines,

Good

Is the service safe?

to be given support if they were prescribed a course. Where a person self-medicated, their records informed carer workers of the person's preferences around the management of their medicines.

Care workers told us that they had been provided with training in medicines management, which training records confirmed. They said what action they would take if they had concerns that a person, who self-medicated, wasn't taking medicines as prescribed, as it could impact on their health and welfare. This included arranging for the person to talk to a health professional, so they could discuss the implications of not taking the medicines. A social care professional told us that the care workers were good at keeping them, "In the loop," regarding any courses of medicine a person might have been prescribed so they could provide the appropriate level of support. It showed, in the absence of the person's care worker, the service had systems in place to support to take their medicines as prescribed.

Good

Is the service effective?

Our findings

Time spent with the two people using the service, demonstrated that that care workers had the skills and knowledge to provide flexible, individualised care. They had good understanding of each person's contrasting behaviours and characteristics, and how their learning disability impacted on their life. Where a person's behavioural routines impacted on their welfare, records and discussions with care workers demonstrated how their consistent approach in supporting the person, had led to improvements in the person's wellbeing. We saw how care workers enabled people to have a good quality of life and live the way they choose. This was further demonstrated when we saw support given was initiated by the person and not task led.

The registered manager told us when recruiting new carer workers; they requested a National Vocational Qualification at level two, or equivalent as a minimum. This was to ensure that they had a good base line of skills and knowledge to support the people. They told us to support new care workers they would be assigned a mentor who would support them whilst working through the service's induction programme. Records showed it covered service values, standards of performance, training and development. Whilst going through the induction programme, any further training to address any gaps in the person's knowledge, linked to the people's individual needs, would be identified and sourced.

A care worker told us that they were provided with the training that they needed to be able to competently carry out their role. There were systems in place to make sure that the training was regularly updated and for care workers to obtain further care related qualifications. This meant that the care workers were provided with up to date information on how people's needs were met.

They also told us that they felt supported in their role and were provided with one to one supervision meetings. This was confirmed in records which showed that care workers were provided with the opportunity to discuss the way that they were working and to receive feedback in their work practice. This told us that the systems in place provided care workers with the support and guidance that they needed to meet people's needs.

People's consent was sought before any support was provided and the care workers acted on their wishes. One person confirmed that staff always checked with them to ensure they gave their consent before providing assistance. This was further demonstrated when we heard staff using words such as, "Would you like," or, "Can I," and acting on the response given.

The registered manager and care workers understood their responsibilities under the Mental Capacity Act (MCA) 2005 and what this meant in the ways that they cared for people. They had a good awareness of people's capacity to make decisions and give consent. They provided us with examples of how they supported people to make daily choices. We also observed the care worker and registered manager interacting with people, offering them choices and giving them time to decide what they wanted to do. This included if they wanted to meet us, which one person chose to, and one declined.

People were cared for by the same small group of care workers, who they knew well, which provided a consistent service.

People were supported to eat and drink enough and maintain a balance diet. One person told us that they enjoyed a good range of foods, and especially liked eating out. They showed us photographs of some of the places they had been to and the meals they had enjoyed. Further discussions with both the person and care workers provided examples of how people were being involved in the planning, shopping, and preparing of meals. A care worker told us how they promoted the social aspect by eating their meals together.

People's records identified their requirements regarding their nutrition and hydration. They included guidance for staff on supporting people to eat and drink enough and maintain a balanced diet. Where there had been involvement from community dieticians; this had been recorded and any recommendations acted on. Records showed that care worker's meetings were also used as a forum to discuss people's diets, and how they can support them to make healthy eating choices.

A care worker told us how they encouraged people to eat healthy by using, "Suggestive support." For example, when shopping with a person they would suggestive healthy

Good

Is the service effective?

options. Where a person's range of fruit and vegetable intake was low they would try to encourage the person to slowly introduce something new to their diet. They provided us examples where this had been successful.

People were supported to maintain good health and have access to healthcare services. One person confirmed that if they needed to see a doctor, that care workers would support them to do this. A social care professional commented that the registered manager was, "Very on the ball," regarding any health concerns. This reflected feedback from another social care professional who told us that the registered manager kept in, "Close contact," and updated them on any health issues which could impact on the person's welfare.

People had their own 'health passport' which they took with them to hospital. It provided information to health professionals involved in the person's care. The health passport supported the person's views to be heard and taken into account when planning their health care. For example, it provided information on the person's communication needs, behaviours, likes and dislikes. There was information about different medical interventions they would consent to and how to support the person to relieve any anxieties.

Care workers understood what actions they were required to take when they were concerned about people's wellbeing. Records showed that where concerns in people's wellbeing were identified health professionals were contacted with the consent of people. This included the person's GP, specialist mental health team and optician. When treatment or feedback had been received this was reflected in people's care records to ensure that other professional's guidance and advice was followed to meet people's needs in a consistent manner.

Good

Is the service caring?

Our findings

People had positive and caring relationships with the care workers who supported them. One person told us they liked the care workers. A person's relative had written to the service thanking the care workers for, "For all you do for [person] much appreciated."

Care workers understood why it was important to interact with people in a caring manner and earning the trust and respect of the people they were supporting. Their body language and manner when supporting people demonstrated kindness and compassion. Where a person had limited speech, they encouraged the person to join in with topics that they felt comfortable with. For example, talking about what activities they had been involved in during the day. They smiled at the person as they maintained eye contact, did not rush the person as they focused on what the person was saying. This supported the person to feel included and valued.

Care workers told us about people's individual needs and preferences and spoke about people in a caring and compassionate way. They told us how they supported people to keep in social contact with those who were important in their lives. This included taking a person to visit their relative.

Care workers told us that people's care plans provided enough information to enable them to know what people's needs were and how they were to be met. People's care records identified their specific needs and how they were to be met in a personalised way including individual preferences.

People were supported to express their views and were involved in the care and support they were provided with. We heard people being given information to support them in making decisions. This included planning days out and if there were any hobbies or interests they wanted to pursue.

People's independence was promoted. We heard a person ringing to book an appointment, told care workers where they were going and then made their own arrangements to get there. A care worker told us when coming back with a person to their house, they always stood back and waited for the person to use their key and open the front door. They felt it re-enforced the fact that it was the person's home.

People's privacy and dignity were respected and promoted. Care workers told us how they respected people's dignity and privacy when supporting people and understood why this was important. They further demonstrated their understanding by providing working examples of how they were doing this, linked to people's individual care routines.

We saw staff communicated effectively with people, taking time to check that they had understood what the person was telling them and act on the information given. For example we heard the care worker ask a person where they wanted to visit. They listened to the person's response, and then double checked to ensure that they had understood correctly.

Good

Is the service responsive?

Our findings

People received personalised care which was responsive to their needs. We saw how care workers responded to people's individual needs, providing guidance and support in the way they wanted. A relative had written in their quality feedback form that they were, "Happy," with the care and support being provided. People's records and discussions with care workers confirmed that people were involved in decision making about their care.

A care worker told us that people's care plans provided them with the information that they needed to support people in the way that they preferred. It also included information on what the person could do independently, and where they would need assistance. This included support with drying their hair or making drinks.

People had a 'Daily diary,' which care workers used as a record about the person's day, including what support they had given. This included supporting people to pay their domestic bills, shopping and attending appointments. The information demonstrated how people were supported to form links with the local community.

Care review meetings were held which included people and their relatives or advocate, where appropriate. These provided people with a forum to share their views about their care and raise concerns or changes. Social care professionals told us that they would be invited to attend the yearly reviews. Comments received from people in their care reviews were incorporated into their care plans where their preferences and needs had changed. The registered manager told us that care plans were reviewed and updated as soon as they were aware that people's needs or preferences had changed.

When care workers came on duty, the registered manager updated them on any information they needed to be aware of. A care worker told us that they worked well as a team, and the registered manager kept them fully updated. This included feedback from any care reviews, relative contact or visits to health professionals.

People's care plans provided information on social interaction and meaningful occupation to prevent isolation. One person showed us their book containing photographs of places they had visited. They told us about their different hobbies they were supported to take part in.

The provider had a system in place to record and act on any concerns or complaints. Records showed that no complaints had been received. The registered manager told us if they were to receive a complaint that they would take action to acknowledged, investigated and responded to straight away.

Good

Is the service well-led?

Our findings

The service provided an open and empowering culture where people were encouraged to share their views, which were listened to and used to drive improvements in the service. This was undertaken by care workers in a way that ensured equality and supported people's diverse needs. We saw they used different approaches to gain feedback to meet the people's individual communication needs. For example, when discussing social activities with a person, the registered manager made suggestions to support them in identifying if the range offered could be improved upon. They used both verbal and non-verbal body language as indicators to support them gaining the person's views. The registered manager told us the information would then be used to make any improvements.

The different ways the provider gained feedback from people using, had contact with, or worked for the service included: care reviews, house meetings, quality assurance surveys, staff meetings and during one to one support. A social care professional felt that nothing, "Was staged," and that the positive interaction we observed, especially people being encouraged to air their views, reflected their own experiences of the service.

Quality assurance surveys completed in January 2015, enabled people's relatives to share their views about the service provided, and to make any suggestions for improvements. Written feedback given included, "Happy with the service," and, "I can't think of anything that needs to be improved upon."

There was good leadership demonstrated in the service. The registered manager / provider understood their role and responsibilities in providing a good quality service to people. Social care professionals spoke positively about the management of the service. One social care professional commented that the registered manager was, "Very focused," on the needs of the people using the service and looking at ways that people's experience could be improved upon. For example, where there had been changes of staff at a person's day services, the registered manager had asked for named photographs of all the staff. They were then used to support the person in sharing with care workers the experiences of their day, including the staff that had been supporting them.

Discussions with a care worker showed that they were supported in their role, and there was an open culture where they could raise concerns. They described the registered manager as approachable and felt that their comments were listened to and acted on. They told us how they all shared the same values which were to support people to live as independently as they could, and in the way they chose.

Care workers understood the whistleblowing procedure and said that they would have no hesitation in reporting concerns and had confidence that they would be acted on. The registered manager understood their role and responsibilities regarding whistleblowing and how whistle blowers should be protected in line with guidance.

Discussions with the registered manager and records showed that the service had systems in place to identify where improvements were needed and took action to implement them. For example, meetings were used as a forum to keep care workers updated on any changes in the service, where they could discuss the service provided and any concerns they had. Where care workers had identified that the quality of a training course which had not been very good. Action had been taken for care workers to receive further training. The registered manager told us that they always asked care workers for feedback from external training companies. In gaining feedback, it supported them in identifying the quality of the training care workers received, to enable them to provide quality care.