

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

About the service: Clover Care is a small Care at Home service supporting people to live independently. The service was providing personal care and support to four people who shared a house at the time of inspection.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

People's experience of using this service: The registered manager and nominated individual retained close oversight of the service. They ensured standards were maintained and people received a high quality of care from staff who knew them well.

The registered manager was supported by a team of dedicated staff who understood their roles and were well trained. People's relatives spoke highly of the registered manager, as did staff.

Staff had evidently developed strong bonds with people and in most cases had worked with them for a number of years. Staff turnover was low and morale high.

Good community links remained in place. People attended a range of activities, for instance recreational, educational and vocational. The registered manager ensured people had opportunities to engage in their local community and beyond. They and the nominated individual played a proactive role in their community, increasing people's independence and confidence.

Records were accurate, up to date and person-centred.

People's medicines needs were clearly assessed and planned for. Medicines administration was safe and staff had the appropriate skills and knowledge.

People were kept safe and staff were suitably trained in safeguarding principles and practice.

People's capacity was assumed and staff acted in line with the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. Appropriate training was in place.

The registered manager had been in post for several years and demonstrated an excellent knowledge of the needs people. Relatives and external professionals spoke of their confidence in the registered manager and staff team.

The registered manager had acted on advice from external stakeholders to improve the service.

Staff at all levels continued to deliver the compassionate, individualised approach to care the service promoted. They received formal and informal support from the registered manager.

Plans were in place for how the service would be managed should it grow in size.

The care service was managed in line with the values that underpin Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Rating at last inspection: We last inspected the service in May 2016 and rated the service good.

Why we inspected: We inspected the service in line with our scheduled programme of inspections.

## 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 remained safe.

Good ●

### Is the service effective?

The service remained effective.

Good ●

### Is the service caring?

The service remained caring.

Good ●

### Is the service responsive?

The service remained responsive.

Good ●

### Is the service well-led?

The service remained well-led.

Good ●

# Clover Care

## Detailed findings

### Background to this inspection

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

Inspection team: The inspection was completed by one inspector.

Service and service type: Clover Care is a small Care at Home service, registered to provide personal care to adults who live in their own homes. At the time of inspection Clover Care was providing personal care to four people with a learning disability who chose to live together and rent their own rooms in a shared house.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff. We needed to be sure that they would be in.

Inspection site visit activity started on 27 March 2019 and ended on that day. We visited the office location to see the manager and office staff; and to review care records and policies and procedures.

What we did: Before our inspection we reviewed all the information we held about the service, including changes, events or incidents that the provider is legally obliged to send us within the required timescales. We contacted professionals in local authority commissioning teams and safeguarding teams.

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. We reviewed this in advance of the inspection and used it to inform the inspection.

We spoke with one person and six relatives over the telephone. We spoke with two members of staff: the registered manager and the nominated individual.

We looked at two people's care plans, risk assessments and medicines records. We reviewed staff training and recruitment documentation, quality assurance systems, a selection of the home's policies and procedures, meeting minutes and maintenance records. Following the inspection, we contacted two members of support staff.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The registered manager worked proactively with the local advocacy service, police and businesses to ensure people felt safer. This was through participation in a 'Safe Places' scheme to identify and build links with local businesses where people felt safe and where staff at those businesses understood people.
- Safeguarding procedures were in line with those of the local authority and well understood by staff. Regular refresher training took place to ensure staff were confident in identifying and acting on concerns.

Assessing risk, safety monitoring and management

- Risk assessments were clear, proportionate and accurate. For instance, where people administered their own medicines, the risks were clearly documented and actions in place to help reduce any risks of medicines errors. Some risks assessments were planned to help people maintain their independence, for instance ways staff could keep people safe when out and about.
- Risk assessments helped keep people safe but did not restrict their day to day lives or stop them fulfilling aspirations.

Staffing and recruitment

- Pre-employment recruitment checks continued, such as Disclosure and Barring Service checks and references.
- Relatives all confirmed staff were timely when supporting people. The rota and staffing levels were well managed, with agency staff never used. One relative told, "There have never been any real problems or delays and we always know where we stand." The rota was consistent and well planned.

Using medicines safely

- The registered manager and nominated individual demonstrated a good understanding of the Stop Over Medicating People with Autism and/or a Learning Disability campaign. People's medicines needs were reviewed regularly with a view to reducing medicines where not required or proven effective. This was managed and monitored safely with input from external clinical professionals.

Preventing and controlling infection

- People who used the service helped with cooking and cleaning. Staff had received appropriate food preparation and infection control training.

Learning lessons when things go wrong

- The registered manager regularly reviewed survey results to see if there were consistent concerns. They also documented any incidents or accidents, but these were few. They demonstrated a comprehensive understanding of when more comprehensive risk assessments would need to be in place.

- The registered manager had ensured counselling was available for staff to ensure, in the event of providing end of life care, they were emotionally supported. The registered manager brought in this support as they had learned from previous experience that staff may require help to be prepared to deal with this aspect of care.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they began using the service. Staff communicated well with external health and social care professionals to ensure they were able to support people comprehensively as soon as they began using the service. One relative told us, "We were a bit nervous about the move but they have handled it so sensitively and not rushed anything. We have real confidence in them."

Staff support: induction, training, skills and experience

- Staff training was well planned, with a visual training matrix on the registered manager's wall in the office and a working electronic copy. Staff received a mixture of face to face and online training and this was refreshed regularly. Where people's needs meant additional training would be beneficial, the registered manager arranged this. For instance, Makaton training was planned in April. Makaton is a language programme using signs and symbols to help people to communicate.
- Relatives we spoke with were all complimentary about the competence of staff. They said, "I think staff have a really good understanding of autism."

Supporting people to eat and drink enough to maintain a balanced diet

- Several people who used the service attended healthy eating courses at a local college. This had an impact on their day to day eating habits when at home, for instance a better understanding of portion control and more of a focus on healthy salads and vegetables. Staff supported people with eating and drinking where required.

Staff working with other agencies to provide consistent, effective, timely care

- External professionals we spoke with were complimentary about the registered manager and the staff. One said, "[Person] has many opportunities to voice their needs, communication is very good between them and myself and they have worked in partnership with myself and family to manage any issues which arose for the young person." Relatives were similarly confident, saying, "Everything is always well planned – they are efficient."

Supporting people to live healthier lives, access healthcare services and support

- People were supported to have access to a range of services that ensured they experienced positive health and wellbeing outcomes. This included primary and secondary healthcare services, such as GP check-ups and psychiatry involvement, as well as support and encouragement to participate in healthy activities, such as local walking and football clubs.
- Staff had won awards at a local college for their dedicated approach to helping people access educational and vocational opportunities.

Ensuring consent to care and treatment in line with law and guidance

- Consent was evident in care planning and review documentation we saw. People had recently been asked to review this consent to ensure the provider was acting in line with the GDPR. The GDPR is a law setting out guidelines for the collection and processing of personal information of individuals.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA and found no restrictions on people's liberty. Where people may lack the capacity to make a decision, an advocate or person's relative was involved to ensure the person's best interests were represented.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People were supported and encouraged to pursue new friendships and relationships. This was a key strength of the service. Staff had built long term rapport with people and people had the confidence in them as friends as well as support staff. People had trust in staff and felt able to share their dreams and aspirations with them. They were confident staff helped them achieve these in ways that promoted their dignity and independence.
- The registered manager and nominated individual were responsive to suggestions about reviewing latest best practice and guidance, for instance support organisations online and recent CQC guidance. The means by which they supported people to explore new relationships and maintain existing ones was already extremely positive.
- Staff at all levels had regard to people's dignity. For instance, new identity cards for staff had been produced on advice from the local authority. This was being done as discreetly as possible, with the cards kept at belt level, with a view to avoiding stigmatising anyone who used the service when they were in the local community with staff.

Ensuring people are well treated and supported; respecting equality and diversity

- One relative told us, "The staff are lovely. One particular member of staff has been with them the whole time and they love them." Another said, "They have got to know them so well, they are like family." Staff were proactive in behaving in ways that supported and enabled people and meant they were not restricted by a disability.

Supporting people to express their views and be involved in making decisions about their care

- The registered manager ensured people could fully engage with the care planning process, through communication means tailored to their needs. Where people benefitted from easy-read documentation this was used. Where people had difficulties in interpreting staff body language or facial expressions, the registered manager sought external professional guidance to ensure staff were well trained in communicating well with people.
- Each person had a detailed care file and it was evident they had contributed to reviews. One person had a specific book to help them show staff what emotions, positive or negative, they were feeling and how they felt staff were doing with their support. We found this was working well and benefitted from the input of the Speech and Language Therapy Team.
- One external professional told us, "They have always had the interests of people at heart." One relative told us, "They are good at listening. In the early days they had to take on board a lot and learn about how much we wanted to be involved. They did that really well."
- People were given clear information about local advocacy services. The registered manager worked

proactively with the local advocacy service to ensure people's voices were heard.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People led full, varied, healthy and active lives and were encouraged and supported to do so. People worked towards goals they had set and relished the challenges and opportunities staff helped them identify and achieve. Care plans contained good levels of detail about these goals and people's individualities.
- During the week people went to college, taking course in, for example, fine art, healthy eating, animal care (alongside caring for animals at a local farm) and travel training. The latter had provided people with practical support to help increase their independence, specifically through using public transport. People were achieving good outcomes, such as visiting a relative independently, where previously they had required staff support.
- Recreational activities were numerous and planned out by people on weekly planners. Favourites included bowling, cinema and a weekly disco. This was organised by the registered manager and the nominated individual and was extremely popular with people who used the service and people from other services. The disco was a place for people to have fun with new people and make new friendships. The registered manager told us, "At provider forums we're known as 'the disco people' and when we go to college there are always people from other services who recognise us and come over and say hello." This demonstrated the registered manager had not only ensured individuals were supported to socialise and remain part of a community, but also that they had had an impact on the wider community.

Improving care quality in response to complaints or concerns

- A key theme of feedback from people and their relatives was that change always happened at a pace they were comfortable with. No changes happened without consultation. This was particularly important for a number of people, who could be anxious with unnecessary or fast change. Relatives told us, "We have tried our first overnight recently and that went really well – the service is really geared up to being flexible. When we've had to change things with little notice they have always accommodated it. They keep the disruption to a minimum, which is important."
- There had been no formal complaints since the last inspection. The registered manager ensured people had access to the complaints policy in an accessible format and were given other opportunities to raise any concerns, such as keyworker meetings, spot checks at the service and telephone calls and regular reviews with families. This meant the provider acted in line with the Accessible Information Standard (AIS). The AIS is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need.

End of life care and support

- No one using the service at the time of inspection was receiving end of life care. Staff received training in this area and also had the opportunity to attend counselling should they be affected by caring for someone at the end of their lives. The registered manager had regard for the emotional impact on staff and was

serious about their duty of care. They had previously worked well with external nursing staff when supporting a person at the end of their life.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager communicated well with people and their relatives. They were an approachable, hands on figure who was respected by staff, people who used the service and relatives. They were similarly respectful and supportive of staff. They said, "I have a great staff team who put so much into it – I am lucky to have them."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was keen to grow the service in time. They were clear this would not happen prior to having appropriate plans and staffing in place for any growth. They had already delegated some duties to their senior support worker, such as infection control audits. Other staff completed the rota and monitored staff timekeeping alongside the registered manager.

- Oversight and quality assurance processes were clear, with audits of care files in place and spot checks of staff practices. People were regularly encouraged to share their opinions about the service, as were relatives and external professionals.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were encouraged to play a full part in the running of the service, for instance helping select prospective members of staff. People's disabilities were considered and reasonable adjustments put in place to ensure people could respect each other's needs. For instance, one person was particularly anxious about noise and there was a clear agreement in place with their peers about what time people felt would be too late to have guests unannounced. This was clearly a decision people were involved in and happy with.

Continuous learning and improving care

- The registered manager had acted on recommendations made by the local authority following a monitoring visit by them. For instance, they had brought in identification badges for staff and improved the documentation of checks on staff competencies. The registered manager was responsive to further feedback about these competence checks and how they could be themed rather than repeating the same questions. This would allow them to more flexibly test staff knowledge on a range of changing key topics.

Working in partnership with others

- The registered manager and nominated individual had formed strong working relationships with a range

of key external health and social care stakeholders. This had led to positive outcomes for people who used the service, who could quickly be put in contact with the people who were best place to support them with a specific issue.