

Clover Independent Living Ltd

# Clover Independent Living

## Inspection report

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Date of inspection visit:  
28 March 2017

Date of publication:  
15 May 2017

### 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?

Requires Improvement ●

# Summary of findings

## Overall summary

We undertook this unannounced inspection on 28 March 2017. Clover Independent Living is registered to provide personal care for people living in their own homes. At the time of the inspection, there was only one person using the service as the service was specifically set up for this one person. The person could not communicate verbally but would use specific key words and gestures which care workers were able to understand and recognise.

At our previous inspection on 16 January 2015 we rated the service as "Good" and there were no breaches of regulations. At this inspection we found the service remained "Good".

The registered manager left the organisation in August 2016. There was a new manager in post at the time of the inspection. She provided us with evidence to confirm that she was awaiting the results of her criminal check before making an application to register with the Care Quality Commission (CQC). 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 and associated Regulations about how the service is run. The manager also managed three small care homes in North West London.

The care workers we spoke with showed an understanding of how to recognise and report allegations of abuse. Risks to people who used the service were assessed and appropriate risk management plans were in place. Care workers were carefully recruited and the staffing levels were adequate. Medicines were managed safely and infection control arrangements were in place.

One of the three care workers had not been provided with training in food hygiene and manual handling. There were regular staff supervisions. However, appraisals had not been carried out in the past twelve months. The manager stated that all appraisals would be completed by April 2017 and all the required training for one care worker would be arranged..

Healthcare and Mental Capacity Act 2005 (MCA) issues had been addressed.

Care workers were aware of the importance of treating people with respect and ensuring their dignity and privacy was maintained. There were arrangements for ensuring that the care provided was centred around the person who used the service. A recent review by a social care professional indicated that the care needs of this person had been attended to. The service had a complaints procedure. The service did not receive any complaints since our last inspection.

Care workers worked well together. Appropriate policies and procedures were in place. Care records were up to date. However, quality assurance checks were not sufficiently comprehensive and no written audits were seen by us. These are needed to ensure that people receive a high quality of care. Communication and changes had not been fully communicated to a professional involved with the person concerned. the

manager indicated that improvements would be made to ensure that this professional is informed.

We have made a recommendation that comprehensive checks and audits be carried out to ensure deficiencies are promptly identified and rectified.

Further information is in the detailed findings below.

## 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. Care workers were carefully recruited. Care workers were aware of the safeguarding policy.

Risk assessments contained action for minimising potential risks to people. There were suitable arrangements for the management of medicines. The service had an infection control policy. Care workers were aware of good hygiene practices.

### Is the service effective?

Good ●

The service was effective. The person's healthcare and nutritional needs had been attended to. Training and supervision had been provided to ensure that care workers were supported in their duties. Appraisals had not been carried out in the past twelve months. The manager stated that these would be completed by the end of April 2017.

### Is the service caring?

Good ●

The service was caring. The person concerned had been treated with respect and dignity. Care workers were able to form a positive relationship with the person concerned.

The preferences of the person had been responded to. This person and professionals from the funding authority were involved in decisions regarding their care.

### Is the service responsive?

Good ●

The service was responsive. Care plans were up to date and addressed people's individual needs and choices.

Reviews of care took place with people and the funding authority. No complaints had been recorded. The manager stated that none had been received.

### Is the service well-led?

Requires Improvement ●

Some aspects of the service were not well led. Quality assurance checks and audits were not sufficiently comprehensive and no

written audits were seen by us.  
Care workers worked well as a team and they stated that communication with management was good.

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# 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 28 March 2017 and it was announced. The inspection team consisted of one inspector. We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection. Before our inspection, we reviewed information we held about the home. This included any notifications and or reports provided by the service.

We spoke with one person who used the service in their own home. We were informed by the manager and a social care professional that no relatives were in contact with this person. We also spoke with three care workers and the manager. We observed care and support provided for the person who was living in their own home with their permission. We obtained further feedback from two social care professionals.

We reviewed a range of records about the people's care and how the service was managed. These included assessments, care plans and their medicines records. We examined three staff recruitment records, staff training and induction records. We checked the policies and procedures of the service.

# Is the service safe?

## Our findings

The person who used the service was unable to provide us with verbal confirmation regarding their view of the services provided. However, we observed that there was a care worker attending to them. We also noted that the person who used the service was cleanly dressed and appeared well cared for. The care worker was pleasant and they interacted warmly with people. We saw that the person could move about freely in their own home. When we asked the person if they felt safe, they responded by nodding. The care worker informed us that this meant "yes".

The service had a safeguarding policy and care workers had received training in safeguarding people. They could give us examples of what constituted abuse and they knew what action to take if they were aware that people who used the service were being abused. They informed us that they could also report it directly to the local authority safeguarding department and the Care Quality Commission (CQC) if needed. No safeguarding concerns were notified to us and the local safeguarding team. Care workers informed us that there had been no safeguarding incidents. We noted that the safeguarding policy in the person's care folder had not been updated and still included the details of the previous regulator. The manager informed us soon after that this policy had been updated.

Risk assessments had been prepared and these contained guidance for minimising potential risks such as risks associated with choking and the behaviour of the person concerned. We however, noted that risks associated with the living person's home environment had not been documented. This was done soon after the inspection and documented evidence was provided. A personal emergency and evacuation plan (PEEP) had been prepared for the person concerned to ensure their safety in an emergency.

Care workers had been carefully recruited. The required checks and documents were in place. The service had a recruitment procedure to ensure that care workers recruited were suitable and had the appropriate checks in place prior to being employed. We examined the three records of care workers employed. We noted that all the records had the necessary documentation such as a criminal records disclosure, references, evidence of identity and permission to work in the United Kingdom. We discussed staffing levels with the manager and care workers. They informed us that the staffing levels were adequate and they were able to attend to their duties.

There were suitable arrangements for the recording, storage, administration and disposal of medicines. The temperature of the room where medicines were stored was monitored and was within the recommended range. The service had a policy and procedure for the administration of medicines. There were no gaps in the medicines administration charts (MAR) examined.

There was a record of action taken to ensure that the premises were safe and pleasant for people to live in. The fire alarm was tested weekly to ensure it was in working condition by care workers. The battery in the fire alarm was running low and emitted warning bleeps. The manager confirmed that it was replaced soon after the inspection. The hot water temperatures had also been checked each day and were no higher than 43C. This ensured that the risk of people being scalded was minimised.

The home of the person concerned was clean and no unpleasant odours were noted. Care workers we spoke with had access to protective clothing including disposable gloves and aprons. The service had an infection control policy.



## Is the service effective?

### Our findings

The healthcare needs of the person who used the service were closely monitored by the service. The care records of the person contained important information regarding their background, medical conditions and guidance on assisting this person with their health problems. There was evidence of recent appointments with healthcare professionals such as people's optician and GP. A social care professional confirmed that the person concerned had recently attended a medical appointment with care workers and their healthcare records plan had been completed. This professional also stated that the care worker present knew who to contact when there were healthcare concerns.

There were arrangements in place to ensure that the nutritional needs of this person were met. Their nutritional needs had been assessed and there was guidance for care workers on the dietary needs of the person and how to promote healthy eating. To ensure that people received sufficient nutrition, monthly weights of the person were recorded in their care records. Care workers were aware of the dietary needs of people. They also knew that if there were significant fluctuations in the person's weight, they should report this to their manager so that a referral could be made to the GP or dietician.

Care workers had been provided with training to enable them to meet the needs of people. We saw copies of their training certificates which set out areas of training. Topics included food hygiene, first aid, equality and diversity, safeguarding adults, health and safety, fire training and the administration of medicines. Care workers we spoke with confirmed that they had received the appropriate training for their role. We however, noted that a care worker had not received training in moving and handling and food hygiene. The manager agreed that this would be arranged. The manager had carried out supervision sessions. Care workers confirmed that this took place and we saw evidence of this in the staff records. We however, noted that annual appraisals had not been carried out within the past twelve months. The manager informed us that they would be completed by the end of April 2017.

We checked whether the service was working within the principles of The Mental Capacity Act 2005 (MCA). The 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 lacked mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The service had guidance on the MCA. Mental Capacity Act 2005 (MCA) issues had been addressed. This was confirmed in documents we examined.

## Is the service caring?

### Our findings

We received positive feedback from two social care professionals who informed us that care workers were caring and had been able to form a good relationship with the person who used the service.

We observed interaction between a care worker and the person who used the service. We observed the person was very relaxed and was free to move about in their home environment. This person appeared to be at complete ease. We saw that the care worker was able to communicate using words, signs and gestures. The person concerned responded well and was able to provide answers via gestures and sounds. The person concerned co-operated well.

The care worker was aware of the person and their needs and when they usually have their drinks. When asked by the care worker if they wanted a drink, the person concerned indicated they wanted to by nodding. Care workers told us they had worked caring for the person concerned for several years and knew the person well.

Care workers said they knew of the importance of treating people with respect and dignity. They were also able to tell us what they did to ensure people's privacy. They said they would knock on the bedroom door and request permission to enter. When providing personal care, they would ensure that if needed, doors were closed and curtains drawn.

There was detailed information in people's care plans about the person's life history, interests and how to communicate with people. Care workers we spoke with could provide us with information regarding the person's care needs, interests, likes and dislikes. They informed us that they knew about the person's daily routine and how they spent their time. They demonstrated a good understanding of what the person enjoyed doing. This was confirmed in the care records we examined.

The service had supported the person to express their views and be involved in making decisions about their care, treatment and support where possible. The care records showed there were meetings between the person concerned, their advocate and the funding local authority. A social care professional confirmed that the person concerned had a local advocate who provided him with regular support. This ensured that decisions were made in the person's best interests.

The service had a policy on ensuring equality and valuing diversity. Care workers had a good understanding of equality and diversity (E & D) and respecting people's individual beliefs, culture and background. We noted that the person concerned had been accompanied to their preferred place of worship each week.

## Is the service responsive?

### Our findings

The feedback we obtained from a social care professional stated that when they visited the person who used the service, the care worker present had a good knowledge of the needs of people and was able to give them the information they requested.

The service had arrangements to provide care which was individualised and person-centred. The person's needs had been carefully assessed. These assessments included information about a range of needs including health, nutrition, mobility, medical, religious and communication needs. Care plans were prepared with the involvement of people and their representatives. The care plans showed that they had certain special needs and conditions which required regular monitoring. Care workers were aware of this and the records contained evidence of specialist appointments attended by the person concerned.

Care workers had been given guidance on how to meet people's needs and when asked they demonstrated a good understanding of the needs of the person concerned. All three care workers stated that they had worked for several years with the person concerned. They stated that they understood the person and were able to respond to care needs.

A review of care been carried out recently with the social care professionals involved in this person's care. The feedback following this review indicated that this person was well cared for and care workers worked well to meet the needs of this person. One professional involved with this person's care stated that they had not been invited to the last formal review of this person's care and they had not been fully informed or consulted regarding changes which affected the care of the person concerned.. The manager explained that they had informed this professional about the review but the professional concerned was on holiday. The manager stated that they would keep this professional informed in the future regarding changes affecting the care of the person concerned.

The service ensured that there were sufficient activities for this person. The care worker informed us that this person had participated in activities such as attending a club for people with special needs, shopping, concerts, going for walks in the neighbourhood. Documented evidence of this was available in the care records we examined. The feedback we obtained from a social care professional stated that the person concerned appeared to be going out regularly in the community and the activities appeared to be centred around their needs and wants. We were also informed by the manager that a holiday had been arranged in the near future.

The service had a complaints procedure. No complaints had been recorded since the last inspection. The manager told us that none had been received since the last inspection.

## Is the service well-led?

### Our findings

Some aspects of the service were not well led. The manager stated that checks and audits of the service had been carried out. We saw evidence of some checks carried out by care workers. These included checks on financial records, the medicines storage temperatures, hot water and fire alarm. The service did not have any record of spot checks on care workers or checks to ensure the care documentation and policies and procedures were up to date. There was no evidence of comprehensive written audits on care documentation, accidents, complaints, medicine record charts, staff training, meetings and appraisals.

We recommend that comprehensive checks and audits be carried out to ensure deficiencies are promptly identified and rectified.

A professional stated that there had been a lack of communication from the management of the service with them regarding changes which affected the care of the person concerned. The manager stated that in future they would keep this professional informed.

There was a management structure in place with the manager and a team of three care workers. The manager was supported by a director of the company. Care workers we spoke with said that they worked well together as a team. They said the manager was approachable and communication was good. The manager stated that the service had made effort to improve staff morale and teamwork and had introduced gifts for performance which included vouchers and flowers.

Care workers told us that they were kept informed of changes occurring within the service via staff meetings. However, we only saw the minutes of one staff meeting although the manager stated that there had been three meetings. The minutes of all staff meetings should be documented to evidence that they had been held. The manager agreed that this would be done.

The service had a system for recording accidents and incidents. We noted that no accidents or incidents had been recorded in the last year and queried the manager about this. She confirmed that there had been no accidents reported since the last inspection.

The new manager had made an application for their criminal records check and evidence of this had been provided. She explained that she was waiting for this to be completed before then being able to apply to be registered with the Care Quality Commission (CQC). The previous registered manager left the organisation in August 2016 and cancelled their registration with CQC in October 2016. The service is required to have a registered manager in post.

We looked at the policies and procedures and noted that the service had started to update its policies and procedures. The safeguarding procedure in a person's file still made reference to the previous regulator. The manager sent us an updated policy soon after the inspection.