

Clover Carers Ltd

# Clover Carers Ltd

## 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 Carers Limited is a domiciliary care service providing personal care to 24 people in their own homes and flats. At the time of our inspection 17 people were receiving a service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

People felt they were provided with safe care. Staff understood their responsibilities to safeguard people and had raised concerns where necessary. Risk to people's health and safety had been assessed and measures had been put in place to mitigate those identified.

There were enough numbers of safely recruited staff deployed to meet people's collective needs. Staff managed people's medicines safely and ensured infection control policies and procedures were followed.

People's physical, mental and social needs had been assessed as part of their care/ support plan.

Staff told us they were well trained, to equip them to carry out their role.

People were supported to have maximum choice and control of their lives and staff supported support them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated with dignity and respect. Care planning was personalised, and people's communication needs were assessed, so information was in an accessible format.

The service was well managed and well led. There was an open and inclusive culture and the manager, and the nominated individual led by example. There was a clear management structure and staff were clear about their roles and responsibilities. Quality auditing processes including spot checks on staff ensured a good standard of care and any shortfalls could be identified.

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

### Rating at last inspection (and update)

The last rating for this service was Good (published 19 April 2017).

### Why we inspected

We have used the previous rating of Good to inform our planning and decisions about the rating at this inspection.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Clover Carers Ltd

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager [who was also the provider], was in the process of applying to become 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.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 22 October 2019 and ended on 23 October 2019. We visited the office location on 23 October 2019.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection-

We spoke with five people who used the service about their experience of the care provided. We spoke with six members of staff including the provider, manager, the nominated individual and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment, and training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse. assessing risk, safety monitoring and management

- People's individual risks were assessed and managed appropriately. Where specific risks had been identified staff were provided with clear guidelines on how to support people in a safe way.
- Staff were trained in how to protect people against the risk of abuse and understood how to report potential safeguarding concerns.
- People felt safe whilst being supported by the care workers. One person described them as being "Very good. I've no problems."

Staffing and recruitment

- People told us they benefited from having the same care workers visiting them, who they felt they knew well and had built trusting relationships with. One person described the care workers as being, "Very good."
- People we spoke with described the care workers as being punctual and staying for the allotted time with them.
- The provider had an electronic system which enabled management to monitor when care staff arrived and left people's homes. The nominated individual told us it gave them the opportunity to identify if any staff had been held up getting to the call if necessary seek an alternative staff member to attend without delay.
- Staff were safely recruited. Robust pre-employment checks had been carried out on staff members to ensure, as much as feasibly possible, they were safe and suitable to work for the service.

Using medicines safely

- We found most people using the service had their medication administered by family members, but we saw this was documented for staff to see in the care plans to avoid any confusion.
- Where people required staff to assist them applying prescribed creams there were processes and systems in place that ensured people were safely supported. For example, body maps directed staff to exactly where the cream should be applied. These records were audited by the registered manager monthly.

Preventing and controlling infection

- Staff told us they regularly wore personal protection equipment, which was always available to them when they needed it.

Learning lessons when things go wrong

- The manager told us they had a system in place to record, investigate and analyse any incidents or

accidents. None had needed to be recorded in the last twelve months.



# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant 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

- Prior to starting to use the service people's needs, choices and preferences were fully assessed and recorded.
- Staff were supported by management to provide care and support in line with best practice and national guidance.

Staff support: induction, training, skills and experience

- Staff described when they first joined the provider's employment they attended a five-day induction training. One staff member told us, "It was very good, especially I found the dementia training useful. It was delivered face to face rather than e-learning on the computer." This was followed by shadow shifts with experienced staff to ensure they felt competent before working alone.
- Staff told us they completed the care certificate. The care certificate covers an identified set of standards which health and social care workers are expected to implement to enable them to provide safe and effective care.

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

- People were supported by staff to keep healthy and well. Guidelines were available for staff to follow and to ensure food and drinks were available for people they supported. This ensured people were protected from the risk of malnutrition and dehydration.

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

- People's care files set out how staff should support them to manage their health and medical conditions and access the services they needed such as the GP.
- We saw evidence that the care people received helped to improve their health and conditions associated with their health. For example, information about diabetes care and signs and symptoms information was available to staff to follow.

Adapting service, design, decoration to meet people's needs: Supporting people to live healthier lives, access healthcare services and support

- Any risks were assessed in people's home environments prior to people starting to use the service, so both people and staff were safe.
- If it was identified a person needed further assistance, referrals had been made to health professionals such as district nurses, occupational therapists and physiotherapists.

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

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 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 when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- Staff understood their responsibilities in relation to the MCA.
- Every person using the service was able to make decisions about their care.
- People were fully in control of their lives and made their own decisions about their care and the way it was provided.



# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff had received training in equality and diversity.
- Staff we spoke to talked affectionately about people they supported. One staff member said, "I love my job and the people I care for."

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

- People told us staff asked them before performing any care or support tasks. One person told us, "Oh yes they always do that, they ask if I'm okay when they [staff] help me wash."
- Care plans recorded people's views and how they wanted to be supported. This included information about their routines, the time they preferred staff to visit to provide support and how they preferred the support to be provided.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's wishes and privacy. Staff were able to describe how they maintained people's privacy and dignity by for example, not unnecessarily exposing people while they were being supported with their personal care.
- People's independence was encouraged. Care plans stated what people were able to do without assistance and staff encouraged them to do as much as they were able. People's mobility was assessed to ensure they had the most appropriate equipment and adaptations to maintain their independence

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's individual care needs had been identified and care plans had been developed. These plans were reviewed with the involvement of people and their relatives where appropriate.
- People were supported by a consistent staff team who knew them well, understood their needs and how they preferred their care to be provided.
- Staff provided care which met people's needs. People were satisfied with the quality of care they received and felt in control of how their care was provided. One person told us "They [staff] are so very kind, they help dry me, especially the parts I cannot reach."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We saw the provider was adhering to the AIS principles. The provider recorded details of any communication needs and people's preferred method of communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- We saw from people's care plans people's social and cultural needs were respected.
- In people's care plans it was detailed how people's relatives shared the caring and support roles and how staff should support this.

Improving care quality in response to complaints or concerns

- The provider had a system in place to record, investigate, respond to and monitor complaints.
- People had been given the information they needed to make a complaint about their care.
- People told us they knew who to contact if they had any concerns and were confident any issues would be dealt with. One person told us "If I had a complaint I'd phone the office and ask for the manager."

End of life care and support

- At the time of our inspection no one was receiving end of life care/support from the provider.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us they had been involved with the planning and reviewing their care plans and support, for people to receive personalised care. One person told them how a senior staff member had called at their house to discuss their care plan and see if any changes were required.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager had a good understanding of what was required to meet the regulations.
- The manager and staff understood their responsibility to be open and honest if an accident or incident occurred. The manager knew incidents should be reported to the local authority and Care Quality Commission [CQC].

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements Continuous learning and improving care

- The new provider was in the process of applying to the CQC to become the registered manager. They understood their role and responsibility to protect people from harm and provide high quality care.
- The manager understood and assessed the risks relating to the health, safety and welfare of people;
- Staff understood the importance of arriving at people's homes on time, staying for the time agreed and providing care in line with people's care plans.
- The provider had a variety of systems in place to check people were receiving consistently good care. This included an electronic monitoring system as well as spot checks on staff practices.
- The new provider had taken time to go out to visit people using the service in the own homes to acquire direct feedback, so any improvements could be implemented.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were involved in making decisions about their care and felt in control of the way their care was provided.
- Staff had received training in equality and diversity. They understood the importance of treating people equally and respecting and valuing people's differences.
- The manager was in regular contact with staff. Staff felt able to approach the manager with any concerns and to obtain support. One staff member described the manager as "Very friendly and approachable."

- The manager gave us examples of how they worked in partnership with others such as the local authority and other health and social professionals involved in people's care. This helped people to receive consistent, personalised care.