

Clovecare Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Clovecare is a domiciliary care agency that provides personal care and support to people living in their own homes, many of whom were older people, some of whom were living with dementia. There were 34 people receiving services from Clovecare at the time of our inspection.

At our last announced comprehensive inspection of this service on 13 July 2017. We rated the service as 'requires improvement' overall and in the key questions 'Is the service Safe', 'Effective' and 'Well-led'? The provider did not always assess risks relating to people's care well and did not always ensure management plans were in place to guide staff on the best ways to care for people. The provider had not always followed the Mental Capacity Act (2005) where people may have lacked capacity in relation to the care they received. In addition the provider had not always put care plans in place to inform staff about some people's individual needs. Although the provider had some audits in place to monitor and assess the quality of service, these had not identified the issues we identified during our inspection because the provider did not have good governance arrangements in place. In addition, audits of medicines management required improving to keep people safe from risks relating to poor oversight of medicines by the provider.

We undertook this focused inspection to check that the provider had followed their plan in relation to the key question 'Is the service Well-led?' and to confirm that they now met legal requirements in relation to the warning notice we served. This report only covers our findings in relation to those requirements and we will inspect in relation to the other issues we identified previously at our next comprehensive inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Clovecare on our website at www.cqc.org.uk.

This inspection took place on 24 November 2017 and was announced. We gave the provider 48 hours to make sure someone was available in the office to meet with us.

The service did not have 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. The provider told us they had recruited a manager who had begun the process to register with CQC.

At this inspection we found the provider had improved and now met the requirements of the warning notice. The provider had made some improvements to audits of medicines management and planned further improvements which we will check at our next inspection. In addition the provider had a programme in place to review risk assessments and care plans for all people using the service to make documentation more reliable for staff to follow. The provider was also reviewing whether people had capacity to consent to their care, in accordance with the MCA, as part of this programme. The provider told us this programme was going according to plan and would be complete in April 2018.

The provider continued to monitor the training, support and supervision staff received and to communicate openly with people using the service and staff.

We did not improve the rating for 'is the service well-led' from requires improvement as there was no registered manager in post and also because we need to see consistency in the improvements over time.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service well-led?

The service had made improvements in this area.

The provider had updated systems to assess, monitor and improve the service.

We have not changed the service's rating from 'requires improvement' as there was no registered manager in post and because we need to see consistent improvements over time.

Requires Improvement 

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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.

We undertook an announced focused inspection of Clovecare on 24 November 2017. This inspection was done to check that improvements to meet legal requirements planned by the provider after our July 2017 inspection had been made. The team inspected the service against one of the five questions we ask about services: is the service well led? This is because the service was not meeting some legal requirements.

No risks, concerns or significant improvement were identified in the remaining Key Questions through our on-going monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection"

The inspection was undertaken by one inspector.

Prior to our visit we reviewed the information we held about the service. This included previous inspection reports and the warning notice we served to the provider after our previous inspection.

During our inspection we spoke with the two directors, the senior care worker and a care worker. We looked at records about people's care, including care plans and risk assessments for three people who used the service and three records relating to staff training, support and supervision and other records relating to the management of the service.

After the inspection we spoke with a person using the service and two relatives. We also spoke with a healthcare professional.

Is the service well-led?

Our findings

At our comprehensive inspection in May 2016 we found the provider did not have effective quality assurance processes to ensure people were protected from the risks of unsafe care. At our focused inspection in January 2017 we found the provider had made improvements which included spot checks of staff performance, the introduction of some policies which we previously found to be lacking as well as introducing satisfaction surveys, annual visits and regular telephone calls to people using the service. However, at our comprehensive inspection in July 2017 we found the provider did not have sufficient audits in place to identify the issues we found relating to risk assessments, care plans and in providing care in line with the MCA. In addition the provider did not record audits relating to medicines management and audits had not identified some minor issues we found relating to recording of medicines administration. This meant people could be at risk of not receiving good quality care due to poor governance. We identified the provider was in breach of the regulation relating to good governance for the second time and so we served a warning notice.

At this inspection we found the provider had taken sufficient action to improve in relation to the warning notice we served. The provider had an action plan in place to improve the quality of care across the service in relation to our inspection findings. As part of this the provider was reviewing risk assessments, care plans and mental capacity assessments for all people using the service. The provider showed us the action they had taken so far in relation to this and their action plan was on target. The provider now recorded medicines audits and records showed the provider had identified and responded appropriately to some minor recording errors. However, the provider did not audit all people's records and so had not identified a minor recording error we found on one person's medicines records. The provider told us they planned to improve medicines audits further by auditing medicines records for all people to whom staff administered medicines each month.

At this inspection there was no registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. The provider had recruited a new manager who had begun the process to register with us. In the meantime the two directors were managing the service. Our findings and discussions showed they understood their role and responsibilities as did the staff we spoke with.

People and relatives continued to find the service well-led. One person told us, "I'm quite happy with everything." A relative told us, "They are really, really good. We have no issues with them and it is certainly well-led." A second relative told us, "I've found it to be good. It's very well-led. When I call someone always answers the phone."

The service worked in partnership with other agencies well. A professional told us the provider liaised very well with them and they commented the care workers were excellent and went above and beyond when providing care to the person they also supported. The directors gave us an example of how they raised concerns about a person who was neglecting themselves and now met with other professionals involved in their care and their relatives every two weeks. The directors gave us a second example of how they

contacted the GP about a person whose medical condition worsened. The GP made a referral to other professionals and now the provider meets with a district nurse three times each week to provide care together.

The provider monitored the culture amongst staff well and also to communicate openly with people. The two directors confirmed they worked with all people using the service regularly which provided a good opportunity to speak with people about any issues and to monitor their satisfaction levels. The two directors worked with care workers each week, providing assistance when people required two staff as part of their care. The directors also encouraged staff to visit the office and contacted them regularly. This meant the directors were able to monitor the attitudes of staff as well as how they cared for people. The provider also gathered formal feedback from people as part of satisfaction surveys, telephone calls, reviews and observations of staff performance.

People continued to be supported by staff who felt the provider communicated well with them and that they were involved in running the service. Staff were extremely positive about the service and were motivated to perform their roles well. Staff commented on how well the provider supported them both with work related issues and also their personal life. Staff confirmed the directors were always available to answer any queries they had, no matter how small and a good on-call system was in place. The provider continued to hold group supervision for staff every three months and staff told us they found these a useful way of learning about developments within the service and reviewing best practice.