

Cloud Homecare Limited

Cloud Homecare Limited

Inspection report

16 Longhedge
Corsley
Warminster
Wiltshire
BA12 7QZ

Tel: 01373832597

Date of inspection visit:
17 May 2019

Date of publication:
22 July 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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: Cloud Homecare Limited is a domiciliary care agency that provides personal care to people in their own homes.

People's experience of using this service:

People told us they were happy with the service they received. They said staff treated them with respect and promoted their privacy, dignity and independence.

Medicines were not always safely managed. Records showed the recommended timescale between dosages had not always been adhered to for one person.

Staff had documented they had administered people's prescribed medicines but had not consistently signed the medicine administration record.

We made a recommendation for the registered managers to undertake further monitoring, to ensure the safe management of people's medicines.

People were encouraged to make decisions and be in control of their support. People were fully assessed before being offered a service and were involved in developing and reviewing their support plan.

People were always supported by staff who knew them well. Established relationships had been built and staff knew exactly how people liked their care to be delivered.

A registered manager told us staff often went the "extra mile" with people. This included, "popping in" to see people, to ensure their safety and wellbeing.

People had support with meal preparation and to keep their home, clean and tidy if required. One person experienced "silver service" from staff, as they were unable to go out to a restaurant.

People and their relatives were very complimentary about the staff. There were comments such as, "They care about how you're feeling" and, "They do everything I ask, perfectly, I cannot fault any of them".

Person-centred human rights were at the centre of all interactions with people. There was a strong focus of ensuring people received good quality care.

People felt safe and relatives had no concerns about their family member's safety. Staff had time with people and were not rushed. There was a clear focus on "the person" rather than just the tasks to be completed.

There were enough staff to support people, which enabled a reliable service. Staff were given enough time to travel to everyone, so were rarely late arriving at a person's property.

People were encouraged to give their views about the service they received. This was through surveys, one-to-one discussions and within reviews of their support.

People and their relatives knew how to make a complaint. They were confident any concern would be properly investigated and resolved.

There was a positive approach to risk taking. People were encouraged to take assessed risks, with measures in place to enhance safety if required.

There was a strong focus on learning and developing staff's knowledge, performance, potential and progression. A registered manager told us, "I get great joy in getting staff to achieve things they think they can't."

The service had two registered managers. Both worked closely together and had clear roles and responsibilities, based on skills, knowledge, preferences and experience.

Staff told us they were well supported and enjoyed their role. They were very complimentary about the registered managers and the overall management of the service.

There were a range of audits, which assessed the quality and safety of the service. However, we made a recommendation to give particular attention to the procedures for checking the medicines systems.

There was a clear desire to ensure people received quality support and for the agency to grow steadily, in a safe, targeted manner.

Rating at last inspection: At the last inspection on 13 July 2016 and 09 August 2016, the service was rated as Good. The report of this inspection was published on 5 November 2016.

Why we inspected: This was a planned, comprehensive inspection, based on the rating at the last inspection.

Follow up: We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 not always safe

Details are in our Safe findings below.

Requires Improvement 

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good 

Is the service caring?

The service was good.

Details are in our Caring findings below.

Good 

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good 

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good 

Cloud Homecare Limited

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 undertaken by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Cloud Homecare Limited is a domiciliary care agency that provides support to people in their own homes.

The service had two managers 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 visit to ensure the registered manager would be available to assist with the inspection.

What we did:

Before the inspection, we reviewed information we had received and held about the service. This included statutory notifications sent to us about events and incidents that had occurred at the service. A notification is information about important events which the service is required to send us by law.

We visited the office location on 17 May 2019, to see the registered managers. We reviewed people's support plans and associated care records and information relating to the management of the agency. This included quality auditing and staff recruitment, training and supervision records. To gain feedback about the service, we spoke with seven people and eight relatives. We contacted two health and social care professionals by email for their views about the service but neither responded.

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 deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always safely managed. For example, records showed one person had been given their prescribed paracetamol, at 10.00 and again at 13.15. Another day showed they had their paracetamol at 10.00 and 13.00. This did not ensure the recommended timescale between dosages had been adhered to. A registered manager told us they would investigate this, and discuss the timings of their support with the person.
- There was a list of the person's prescribed medicines, with clear instructions for their use. The information was printed but not countersigned by another member of staff. This did not minimise the risk of inaccuracy.
- Staff had written in the daily records that they had administered a person's medicines, but they had not always signed the medicine administration records. The registered manager told us this had been identified and was being addressed with staff.
- Staff had received training in the safe administration of medicines and their competency was assessed each year. There was a checklist staff were expected to follow to ensure the safe administration of people's medicines.
- A new system to improve the safety of people's medicines had been introduced.

We recommend further monitoring is undertaken to ensure the safe management of people's medicines.

Assessing risk, safety monitoring and management

- The registered manager had a positive approach to risk taking. They said it was important to enable people to take assessed risks rather than "wrapping people in cotton wool and being over protective."
- Potential risks, such as those associated with the person's environment, had been identified. People were encouraged to make use of technology, including 'lifeline' pendants, to enhance safety.
- Staff told us they would raise any concerns about a person's safety, with a registered manager. Discussions to minimise the risk would take place, including additional support, if needed.
- People told us they received a reliable service which minimised risk. One person told us, "They are always on time and never rushed. They're exceptional."
- A registered manager was alerted if a member of staff was more than 15 minutes late arriving to support a person. This minimised the risk of the person's support being missed.

Staffing and recruitment

- There were enough staff to support existing care packages.
- A registered manager told us more staff were being recruited to increase capacity and enable the service

to steadily grow. They told us five new staff were "in the pipeline" to start employment at the service.

- Staff told us there were enough staff to support people, and their work was "easily" manageable. They said they were allocated time to travel between visits, so they arrived to support people on time, without rushing. One member of staff told us, "We have ample time, ample. We're never late getting to someone. There's no need to be."
- People had no concerns about the availability of staff. They said they were supported by a small team of staff who knew them well.
- Appropriate recruitment checks were undertaken before a new member of staff was appointed to work at the agency. The registered manager told us at the start of the recruitment process, they often took a prospective member of staff for a coffee. This was to gauge whether the applicant had the right values and would be suitable to join the service. If successful, they said more formal procedures would follow.
- Staff told us they were subject to a series of recruitment checks before being offered their job.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when being supported by the service. Specific comments included, "I can rely on them", "I feel perfectly safe" and, "The staff that come out to me, make me feel safe." One person told us, "I fully trust every one of them with my care."
- Relatives had no concerns about their family member's safety. One relative told us, "They are totally trustworthy". Another relative said, "Yes, our [family member] is safe with these staff. They are great at their job."
- The registered managers had a good understanding of people's vulnerability. They gave an example of a current situation, which was causing them concern, and said they would be making a safeguarding referral as a result.
- Staff had completed up to date training about keeping people safe and had a good understanding of safeguarding.
- Safeguarding was discussed in forums such as staff meetings and one-to-one meetings with staff.

Preventing and controlling infection

- Infection control training formed part of the provider's mandatory training programme. Records showed all staff had completed this.
- Staff had access to disposable protective clothing such as gloves and aprons, as required.
- People told us staff took measures to minimise the risk of infection. One person told us, "They always wear gloves and aprons when doing personal care for me." Another person said, "They explained the reason why they wear [protective clothing] as they deal with a lot of people." A relative told us, "Staff always wear gloves and aprons when dealing with our [family member]. They are very professional."

Learning lessons when things go wrong

- A registered manager told us they were always looking at ways to improve the service. They said looking at things which could have been done better, formed part of this.
- The agency had a "blameless" culture. This enabled any errors to be honestly raised and processes or practice to be amended as a result.
- Any accidents, incidents and near misses were analysed to minimise the risk of a reoccurrence.

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 remained the same, as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- The registered manager had a good understanding of the requirements of the MCA.
- Staff told us they promoted decision making and gained consent before providing any support.
- Records showed staff had undertaken MCA training and were given small cards, with the main principles of the Act, for reference.
- People told us they were encouraged to give consent and make decisions about their support. One person said, "They're wonderful and always speak to me and don't rush into doing anything for me without asking permission." Other comments were, "They always ask you before they help", and, "They're always talking to you when they come, asking how you want to do things."

One person told us, "They always ask how you are today and say would you like to have a shower, or some food. It is always around your life."

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

- People were assessed before they were offered a service. This ensured the agency could meet their needs effectively. A registered manager told us they would only accept care packages, they knew they would be able to support safely.
- Staff told us if people's needs changed, a review of their support would be requested.

Staff support: induction, training, skills and experience

- People and their relatives told us staff were well trained and good at their job. Specific comments were, "They most definitely know how to do their job", "They are always professional and very skilled" and, "They are excellent at their work." A relative told us, "I'm so impressed with their enthusiasm, questioning minds and perseverance."
- The staff training plan was comprehensive and developed in line with nationally recognised competencies for care workers.
- Records showed staff were up to date with their training and there were more courses planned. A registered manager told us this included more specialised dementia care training, which would be specifically related to people's individual needs.

- Staff told us they received a range of training to carry out the roles they were employed to undertake. Specific comments were, "Training is ongoing. Any questions, we just ask" and, "We have lots of training, lots, anything from medicines to hand hygiene".
- Staff told us they felt well supported and gave examples of this. One member of staff said, "We found one person and they'd had a fall. I rang [registered manager] and they were there within minutes." Another member of staff said, "I couldn't get into a key safe. I phoned [registered manager]. They were very helpful."
- There was a clear focus on looking after the staff. This included informal discussions, one-to-one meetings and staff meetings. The registered manager told us they would always make a point of "catching" up with a member of staff, if they had not seen them for a while.

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

- The registered manager told us staff assisted some people with meal preparation. This support varied from microwaved meals to one person having a "silver service" evening meal. This was organised as a special experience, because the person was no longer able to go out to a restaurant.
- The assistance people needed with eating and drinking was detailed within their support plan. This included making sure people had a drink with them, before staff left their property.
- A relative was complimentary about the support their family member received with meal preparation. They told us, "With a previous care deliverer, my [family member] lost so much weight and no one informed me until we visited. Since Cloud, they have gained weight and have meals they want and have a choice. I cannot thank Cloud enough, we can sleep easy."

Staff working with other agencies and healthcare services to provide consistent, effective, timely care and access to healthcare support

- People told us staff assisted them to maintain good health. Specific comments were, "The manager has taken me to get my bloods done. Nothing is too much trouble," "They take me to hospital appointments" and, "They are marvellous. One carer stayed two hours with me in A&E when I fell."
- Relatives were complimentary about how staff identified ill health and contacted the necessary health care professionals. One relative told us, "They are very respectful and caring, also observant. My family member had a [condition] and it was only for the carers making us aware of this and the mood change. We wouldn't have known and thankfully they got it dealt with." Another relative said, "They are committed. They stayed with our [family member] when they had an appointment, and the doctor was running late. That's commitment."
- A registered manager told us they liaised with various health and social care professionals when needed. They gave an example of staff identifying the procedure of moving a person, no longer appeared safe. The registered manager told us they requested an occupational therapist to review the person. They said, 'client specific' training then followed.

Adapting service, design, decoration to meet people's needs

- People received support to maintain their home if needed. This support was documented within people's support plans.
- People said they were happy with the support they received to keep their home clean. One person told us, "They are always tidying up and keeping me safe, so I don't trip on things."

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 remained the same, as good. 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

- A registered manager told us person-centred human rights, were at the centre of all interactions with people. They said this ethos was regularly discussed with staff and formed part of the agency's training plan.
- Registered managers regularly worked alongside staff and undertook observational checks, to promote and monitor the standard of care provided. A registered manager told us, "One day, I was just listening outside the room and I heard chatting and laughing. It was great, and I didn't feel the need to check [this staff member] anymore that day."
- Staff showed a caring approach and told us they enjoyed their work. One member of staff said, "It's the quality of care. We build up good relationships with people and there's no rushing so we're able to provide the best possible care. It's a small company and really personal." Another member of staff said, "Management are fair and generous, and we're appreciated. I like that we try to provide good care, over and above what we're supposed to do."
- People were complimentary about the staff who supported them. Specific comments were, "They do everything I ask, perfectly, I cannot fault any of them", "They're lovely, they always talk to you and reassure you" and, "They are very caring and approachable, and are always very respectful to my feelings." Other comments were, "They take time with me and never seem unhappy. They reassure me" and, "They care about how you're feeling." A relative told us, "They're an amazing, great bunch of [staff]."
- Relatives were very positive when talking about the care their family member received. One relative told us, "They are so professional. I can tell you what, they do the job better than we could." Other comments were, "I cannot fault anything they do", and, "We have turned up unannounced and find our [family member] chatting away, happy. I cannot tell you how that makes us feel. We are always reassured they're taken care of. It's such a relief."
- The agency had received a range of recent compliments. These included, "Thanks to the girls for getting me back on my feet", "Thanks for all your dedication and kindness" and, "Extraordinary skilled care. Heartfelt thanks for all you do."

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

- People were involved in the development of their support plan and its review.
- People were given a survey to complete shortly after they started using the service. This enabled initial feedback to be gained, which would be used to develop the person's support.
- A registered manager told us additional surveys were given to people at various intervals. All were attached with a stamped addressed envelope, to encourage their return.
- Registered managers saw people regularly and checked the quality of their support. A registered manager

told us, "We often just pop in to make sure everything is going ok."

Respecting and promoting people's privacy, dignity and independence

- People told us staff were respectful of their privacy and dignity. One person told us, "They always ask permission to do things that are personal to me like showering and always treat me with dignity and respect." Another person said, "They always spend a bit of time talking to you before they start their work to observe how you are feeling. They're lovely."
- Staff were knowledgeable when talking to us about people's rights. One member of staff gave an example of always ensuring confidentiality. This included not talking to a person about others and not divulging information to relatives, unless agreed.
- Support plans detailed the person's preferred name, their interests and a summarised life history.

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 remained the same, as good. This meant 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 were very happy with the support they received. One person told us, "They communicate with you and make you feel special. I love them coming to my home." Other comments were, "Helpful all the way", "They are absolutely brilliant with me", "Excellent, couldn't be better", and "I couldn't ask for any more." A relative told us, "[Family member] looks forward to the carers coming to them, which was not like that before."
- Relatives told us staff were responsive to their family member's needs. One relative said, "The staff are so observant. The carer didn't think our [family member] looked very well. They came back after a short time and found them on the floor outdoors. They alerted everyone they needed to and stayed with them until we arrived. Outstanding care."
- A registered manager told us staff always went the "extra mile" with people. This included "popping in" to make sure a person had taken their antibiotics and visiting a person who was planning to cook a meal, to ensure it was safely cooked.
- People received consistent support from staff who knew them well. A registered manager told us a couple of staff were allocated to a person, although they knew the whole team. This meant people were never supported by staff they were not familiar with.
- Staff told us they liked the consistency of supporting the same people. They said it developed relationships and enabled them to provide care in the way the person wanted. One member of staff told us, "We can go to any person and know exactly how they want things done. It's great."
- People had a support plan which showed their individual's needs and the support they required. A registered manager told us they had identified people's support plans could be further developed. This included introducing a "This is Me" document, which enabled more person-centred information to be captured.
- A registered manager told us they always stipulated people's support plans were a "live document". They said the plans needed to be revisited frequently, as a "build-up" of a person's life.

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.

- A registered manager was aware of their responsibility to follow the AIS.
- People were able to request information in a format which met their communication needs.
- A recent letter to people, regarding an update on the service, was written using NHS guidance on Accessible Information.

End of life care and support

- A registered manager told us they did not feel at this point of time the agency was able to accept palliative care packages. They said this was because the agency was not large enough to accommodate the level of staffing that would be required. They said this might change in the future.
- Palliative care would be provided to those people already receiving a service, if this was at all possible.
- Staff would receive specialised training, if there was a need to provide palliative care.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise a concern or make a formal complaint. They were confident any concern would be satisfactorily addressed in a timely manner.
- A registered manager told us it was important for people to be happy with the service they received. They said as positive relationships had been established, they felt people would openly say if they had a concern about their care.
- Staff said they would have no hesitation in raising a concern if need be. They said they would "definitely" be listened to and their concerns would be satisfactorily addressed.
- A copy of the agency's complaint procedure was located within the person's support plan, which they kept in their own home.

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 remained the same, as good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Both registered managers worked closely together and had clear roles and responsibilities, based on their skills, knowledge, preferences and experience.
- A registered manager told us the new management partnership had been positive and was working well. They said it had enabled them to focus on, "What each did best" and, "Drive the agency further."
- A range of audits were in place to monitor the safety and quality of the service. This included monitoring the quality of staff practice and people's support, as well as the standard of record keeping. We recommend the registered managers review the auditing systems, with particular attention to the procedures for checking medicines systems.
- A registered manager told us additional roles had been developed to enhance care delivery. This included a care coordinator, medication coordinator and social secretary. Some staff had been given additional responsibility and had undertaken, "Train the Trainer" courses. This enabled them to train staff in certain topics.
- There was a clear desire to slowly expand the agency. A registered manager told us, "We are professionally obliged to strive to improve, and do not want any care packages to fail because of growth. We want to put improvement before growth, but to be commercially viable."
- Any significant incidents, accidents or allegations were appropriately reported to the Care Quality Commission and local safeguarding team.

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

- There was a comprehensive plan in place to improve outcomes for people, and to become 'outstanding'.
- The registered managers were readily involved in the day-to-day management of the service. This included undertaking some people's support and being "on call" for advice and support when needed. One person laughed and told us, "I have even had a visit from the [registered] manager to do a stint."
- Due to their involvement, the registered managers knew people and staff well. They told us, "We're really lucky, we have great staff."
- There was a clear ethos and commitment to provide high quality care. This was adopted throughout the staff team.
- People and their relatives were complimentary about the registered managers and their leadership. Specific comments included, "Staff and management make sure I am ok. They are a God send", "I think the manager has the right ethos so that is why staff are so good", and, "I couldn't ask for any more." Other

comments included, "They are very professional. Outstanding" and, "They're superb with their care. I couldn't ask for more."

- Staff were complimentary about the registered managers. Specific comments were, "They are so lovely, so caring", "They are very hands on. [One registered manager] is experienced in care. I can't fault them. They are so caring, very understanding. They're excellent." Other comments were, "It's a very good company, very organised. They keep up to date with best practice and people's needs. They're good bosses" and, "They go over and above. They're very positive and always thinking of people and the staff."
- Staff told us they would "definitely" recommend the service to a family member, if they needed such support.

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

- People were aware of their care plan and said they were involved in its development and review. One person told us, "Yes I always have a choice and opinion." Another person said, "The manager will accommodate the care, help around you with the staff, and adjust the plan. They also communicate well. They're amazing."
- Relatives told us they had seen their family member's care plan and were happy with the content. One relative said they had been able to make changes, as required. Another relative said, "We are always asked our opinion on [family member's] care, and we did make changes to meal times."
- People were kept up to date with any changes in the agency which affected them. A recent letter sent to people stated, "We want to make our service more about what you want, rather than what we or what others think you need."
- The agency had a Social Secretary. They investigated what activities were held locally, which people might like to join in with. The agency provided transport to and from such events if required.
- A registered manager had given people small cards issued by CQC, titled "Good care? Poor care? Tell us now". The cards encouraged people to share their views about the service they received.

Continuous learning and improving care

- There was a strong focus on learning and developing staff's knowledge, performance, potential and progression. The registered manager told us, "I get great joy in getting staff to achieve things they think they can't."
- The registered manager told us learning and reviewing took place daily. This included how to improve a person's support, as well ways in which to develop the service.
- Surveys used to gain people's views about the service, were in the process of review. This was to ensure all questions were targeted and specifically related to the person and the service they received.
- The registered managers regularly considered research and best practice. They applied any learning to improve people's experiences.

Working in partnership with others

- A registered manager told us they liaised with a range of services in accordance with what they needed at the time. This included working with health and social care professionals and local authorities.
- Other networking involved working in partnership to develop the overall management of the service. Such organisations included learning and development forums, registered manager networks and local charities.