

Clovecare Limited

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## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection took place on 13 July 2017 and was announced. We gave the registered manager 48 hours to make sure someone was available in the office to meet with us.

At our last announced comprehensive inspection of this service on 25 May 2016 and we found three breaches of regulations. We rated the service as 'requires improvement'. This was because the provider was not carrying out appropriate checks on staff prior to their employment. They were also not adequately supporting staff through training and one to one meetings to equip them to undertake their roles. Additionally the provider did not monitor key aspects of the service. They did not have systems in place to check the quality of the service, this included checking with people themselves about their views of the service they were receiving. We undertook a focused inspection on the 5 January 2017 to check the provider had improved the service and we confirmed they were meeting legal requirements. However, we did not improve the rating from requires improvement as to do so we needed to see consistency in the improvements over time.

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 38 people receiving services from Clovecare at the time of our inspection.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The provider did not always assess risks to people in line with guidance from the Health and Safety Executive (HSE). This included risks relating to people's medical and health needs. In addition the provider did not always have care plans in place to inform staff about some people's individual needs and the best ways to care for people in relation to these. Although the provider had audits in place to monitor and assess the quality of service, these had not identified the issues we identified relating to the risk assessments and care plans which meant people were at risk because the provider had poor governance arrangements in place.

The provider recruited staff following robust procedures to check they were suitable to work with people. In addition there were enough staff deployed to meet people's needs. People felt safe and staff understood how to respond if they suspected anyone was being abused to keep them safe as they received training in relation to this from the provider. Medicines management was safe. The provider audited medicines management. However, they did not record these audits which meant there was no audit trail to evidence issues which the provider had identified with information about how they had dealt with these. This meant improvements may not be made because of a lack of audits and because records were not always well maintained.

Staff generally understood their responsibilities to provide care to people in line with the Mental Capacity Act 2005. However, the provider had not always carried out mental capacity assessments regarding decisions such as those relating to medicines administration, in line with their policy. The provider told us they would carry out mental capacity assessments and then arrange best interests meetings with relevant people to decide the best ways to care for people where necessary.

The provider continued to support staff with a programme of training and group supervision. The provider told us they would provide additional courses to the training programme specific to people's needs, such as catheter care. People were positive with the support they received around eating and drinking and the provider supported people to access the healthcare services they needed where this was part of their care package.

Staff treated people with kindness, dignity and respect. Staff understood the needs of the people they were caring for as well as their backgrounds, interests and preferences. Staff supported people to maintain their independence. Staff provided people with information at the times they needed it.

Care was provided based on how people themselves wanted to receive care. The provider was responsive to people's changing needs. The provider encouraged feedback from people and their relatives and a suitable complaints policy was in place.

The registered manager had open and inclusive ways of communicating with people, their relatives and staff. People, relative and staff were confident in the leadership and management of the service.

We found breaches of the regulations relating to safe care and treatment and good governance. We are taking further action in relation to the breach of good governance and we will report on this when our action is complete. You can see what action we have asked the provider to take to address the breach relating to safe care and treatment at the back of this report.

## 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. The provider had not always ensured risks to people were assessed and managed appropriately as part of keeping people safe.

Staff knew how to recognise abuse and how to respond to it to protect people. There were enough staff to care for people and staff were recruited via robust processes to check they were safe to work with people. Medicines management was safe.

**Requires Improvement** ●

### Is the service effective?

The service was effective. Staff received supervision and a training programme. The training programme in place was generally suitable.

The provider had not always assessed people's mental capacity to make decisions, ensuring decisions were made in their best interests where people lacked capacity.

Staff supported people appropriately in relation to eating and drinking. Staff supported people to access healthcare professionals when they needed to.

**Requires Improvement** ●

### Is the service caring?

The service was caring. Staff treated people with kindness, dignity and respect.

Staff knew the people they were caring for.

The provider gave people information when they needed it.

**Good** ●

### Is the service responsive?

The service was responsive. Care was provided to people in response to their needs. People were involved in assessing and planning their care.

A suitable complaints policy was in place and the provider had arrangements in place to encourage feedback from people and relatives.

**Good** ●

## Is the service well-led?

The service was not always well-led. Systems were in place to assess the quality of the service people received but these had not identified the issues we found.

The registered manager had inclusive ways of communicating with people, relatives and staff.

**Requires Improvement** 

# Clovecare Limited

## 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.

This was a comprehensive inspection. The inspection took place on 13 July 2017 and was announced. We gave the provider 48 hours' notice of the inspection to make sure someone was available in the office to meet with us. The inspection was carried out by an 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 service.

Before our inspection we reviewed information we held about the service. This included statutory notifications received from the provider since the last inspection and the Provider Information Return (PIR). The PIR is a form we asked the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what the service could do better and improvements they plan to make.

During the inspection we spoke with the responsible individual who was also a director of the company, as well as the second director. We also spoke with a senior care worker and three care workers. We looked at a range of records including three staff files, five people's care plans and other records relating to the management of the service.

After the inspection we spoke with two people using the service and ten relatives via telephone.

## Is the service safe?

### Our findings

The provider did always not ensure risks to people were always managed appropriately to ensure their safety. Although our discussions with staff showed they were aware of the risks to individuals the provider had not always identified these risks in people's care plans. In addition, the provider did not always have suitable management plans in place to reduce these risks. As part of the risk assessment process the provider had not identified risks to individuals and assessed them adequately to identify how likely they were to cause harm and the associated impact that could result. These risks included those relating to medicines management, aggressive behaviour towards staff, pressure ulcers, catheter care and infection control relating to people's continence needs. For example, a person spent most of their time in bed and staff told us they had a history of pressure ulcers. Staff told us they were taking some actions to reduce the risk of the person developing pressure ulcers, including supporting the person to reposition regularly and checking their pressure areas for redness at each visit. The provider had also trained staff in relation to pressure ulcer management to help them understand their responsibilities. However the provider had not assessed the risks relating to the person developing pressure ulcers, and had not set out the action staff should take to mitigate the risks in a risk management plan for staff to follow. As a result of this staff did not always have written information to tell them how to support people safely so they could mitigate risks to people's welfare.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

However, the provider managed risks to people relating to moving and handling well. The provider ensured they obtained risk assessments carried out by appropriately qualified healthcare professionals such as occupational therapists when people were referred to the service and when they were discharged from hospital to their own homes. The provider then instructed staff in following the management plans in place in helping people to mobilise safely. The provider ensured staff received training in moving and handling using the equipment in people's homes and that they had access to these risk assessments. This meant the provider mitigated risks for people relating to moving and handling.

At our inspection in May 2016 we found the provider did not ensure people were always cared for by suitable staff because they had not taken sufficient steps to ensure the fitness of care workers. This was because the provider had failed to obtain two employment references prior to care staff being employed by the service. At our inspection in January 2017 we found the provider had obtained suitable references for all staff. At this inspection we found the provider continued to recruit staff following robust recruitment practices. The provider continued to check references, staff's identification and undertook criminal record checks. The provider checked and monitored the suitability of staff to work with people using the service during an initial interview and also during their probationary period.

There were enough staff deployed to care for people. People, relatives and staff told us there were enough staff deployed to meet people's needs. A relative told us, "In all the three years I have been with them I have never been left without a carer". People told us staff were generally on time and never missed a scheduled

visit. The senior care worker told us they were employed to cover for any staff who were unable to work due to sickness or annual leave. The two directors also cared for people directly when necessary to ensure people always received their care when scheduled.

People told us they felt safe when they received care from staff. One person told us, "I've never had any concerns" when we asked them if they felt safe. Our discussions with staff confirmed they understood the signs people may be being abused and how to respond to this to keep people safe. Staff received training in how to safeguard people from risk each year to keep their knowledge up to date.

Staff managed people's medicines safely. A person told us, "They always give me my tablets they do it very well nothing is too much trouble for them. They're very good." Medicines records showed staff recorded medicines administration in line with best practice. Staff told us they could only administer medicines to people after they had completed training. In addition new staff shadowed more experienced staff to learn how to administer medicines safely to people. The provider carried out observations of staff administering medicines periodically as part of general observations of staff to check they were competent.

The provider took the right action in response to accidents and incidents to keep people safe. The provider recorded accidents and incidents centrally and the directors analysed reports to ensure people and staff received the necessary support when accidents and incidents occurred. The provider also determined action which should be taken to reduce the risk of reoccurrences through reviewing accident and incident documentation.

# Is the service effective?

## Our findings

At our inspection of this service in May 2016 we found there were risks that people might not be cared for by staff who were appropriately trained in line with their roles and responsibilities. This was because the provider had not identified training they considered mandatory and they did not maintain records of any training that had taken place. We also found there was no formal support for staff to consider their work or professional development. At our inspection in January 2017 we found the provider had put in place a programme of mandatory training for all staff. In addition the provider put in place a programme of supervision and annual appraisal.

At this inspection we found people were supported by staff who received appropriate support from the provider, with a programme of training, supervision and annual appraisal. Staff told us the provider encouraged them to request additional training if they required more knowledge in certain areas. The provider gave us an example of recently providing diabetes management training to a member of staff who requested this. Staff told us they felt the training provided was sufficient to provide them with the knowledge needed to meet people's needs. However we identified staff did not receive training in catheter care even though they supported a person with their catheter. Although the person told us staff understood their needs in relation to catheter care well, this meant there was increased risk staff could support the person inappropriately. Inappropriate catheter care can lead to infections or soreness for the person. The provider told us they would review the training programme to include catheter training when we feedback our concerns.

People were supported by staff who received an induction from the provider which included mandatory training plus shadowing more experienced staff until staff felt comfortable working alone. However, the induction did not follow the Skills for Care Certificate. The Care Certificate is a national qualification developed to provide structured and consistent learning to ensure that care workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe, quality care and support. This meant staff may not be reaching the expected standards of care workers during their induction period. The provider told us they would consider introducing the Care Certificate for new staff when we discussed this with them.

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 were not always cared for by the provider in line with the MCA. The two directors told us there was one person to whom staff administered medicines who they believed lacked capacity to consent to this. However, the provider had not carried out a mental capacity assessment to determine their mental capacity in relation to this and to ensure decisions to administer medicines were made in line with the MCA and in their best interests. The provider's policy on medicines management stated mental capacity act

assessments should be carried out in accordance with the MCA yet the provider was not following their own policy in this respect. The provider told us they would carry out mental capacity assessments where necessary and initiate best interests meetings with people involved in their care, recording the outcome of the meeting and using this to inform the care plan.

Staff received mandatory training on the MCA. Our discussions with staff showed they generally understood the principles of the MCA and their responsibilities to provide care in line with the MCA.

People were supported appropriately by the provider in relation to eating and drinking. People and relatives were positive about the support people provided their family members in relation to food and drink. One person told us, "They come in at 12.30 prepare the food put it the quick cookers for me." The provider introduced food and fluid charts to monitor a person's intake when a friend raised concerns they were at risk of malnutrition because they found person was not consuming food staff left out for them. This included staff administering nutritional supplements prescribed by the person's GP. In addition the provider reviewed the person's care package to include more support from staff in relation to eating and drinking.

The provider supported people to access the healthcare services they needed. Staff understood how to monitor the particular healthcare support people required, such as checking pressure areas for a person at risk of developing pressure ulcers each day. Staff had access to the contact details of the healthcare professionals involved in people's care to use if people required their support, such as GPs, district nurses and tissue viability nurses.

## Is the service caring?

### Our findings

People were cared for by staff who were caring and treated them with dignity and respect. A person using the service said, "[Staff] are very nice. They are very good, they've always got a nice smile. They are lovely." A relative said, "[My family member] has had three or four agencies and these ones are the best. It feels like it's a passion with them...the carer takes time with [my family member]. It's like a passion with them." A relative told us, "[Staff] are so polite they have a joke with my husband they discuss things with him." Another relative said, "With these guys nothing seems to be a rush with them if they run over [the allocated time] it's a joy to have them." A third relative said, "Oh yeah they're lovely to her. They all love me mum." Our discussions with staff showed they were passionate about caring for people and they spoke about people in a caring manner. One member of staff told us, "I love sitting and listening to their stories."

People were supported by staff knew them well, including the best ways to support them and their preferences. One person said, "[Staff] know what I want done". People told us their care was based on their needs and preferences and so in this way people were involved in planning their own care. Relatives told us they were also involved in planning people's care. A relative told us even the substitute care worker who was due to work with them "knows [their family member] very well". Relatives told us the agency provided staff of the preferred gender of their family member. People's care plans generally contained information about their likes and dislikes, life histories and people who were important to them. The provider gathered this information from people over time as they used the service. This helped staff to gain a better understanding of the person and to find suitable topics of conversation. Our discussions with staff also confirmed they knew people well and developed good relationships with them.

People were supported by staff to maintain their independent living skills. A relative told us, "[Staff] help [my family member] as much as they can. They encourage him to do things himself." Another relative said, "They do as much as they can to encourage her as much as they can and as much as she will co-operate."

The provider gave people and relatives information they needed at the right times. A relative told us, "If [staff] are worried about [my family member] or have any concerns they will be straight on the phone and give me an update." People and relatives also received information from the provider to understand the services provided and what they should do if the care they received was not what they expected in the form of a 'service user guide'. This contained information about the agency including summaries of various key policies such as the complaints policy for people to refer to.

Staff understood the need to keep information about people confidential and they received training in this from the provider.

## Is the service responsive?

### Our findings

Staff provided care to people based on how people themselves wanted to receive care. A relative told us, "It's client led." The provider involved people and their relatives in assessing and planning people's care. A director met with people before their care began to find out more about them and what they expected from their care and the provider used this information when writing people's care plans. A relative said, "I'm involved in setting up the care plan and any review. I'm involved in all that." Care plans included details of people's preferences for staff to be aware of when providing care to them. Care plans also included information about what people could do for themselves and what assistance they required from staff.

However, the provider did not always put care plans in place to provide staff with information and guidance about people's particular health and social care needs. For example some people's care plans did not mention areas where they required particular support in relation to repeated urinary tract infections, catheter care and pressure ulcers. People's care plans did not always set out the best ways for staff to communicate with people with consideration of how conditions such as dementia and also learning disabilities affected people's communication. Although this information was not recorded in care plans people and relatives told us staff had a good understanding of people's needs in relation to these areas. Our discussion with staff also confirmed this.

People's changing needs were responded to by the provider. A relative told us, "If [my family member] wants something they do go that one step further. Sometimes I need a night time call [for my family member] when I'm away and [one of the directors] in the office will sort out for me it's like it's no fuss." The provider reviewed people's care plans each month and also when there were changes so information remained reliable for staff to follow in caring for people. For example, the provider told us they always met with people to review their needs at the end of any hospital admissions before they recommenced providing care to them.

The provider had arrangements in place to encourage feedback from people and their relatives. One relative told us, "[One director] comes quite regular...there is always somebody at the end of the line." The two directors visited and called people regularly and people told us they felt comfortable providing feedback to them as they were approachable. The provider asked people to complete an annual questionnaire to find out more about their views on the service and how it could be improved.

People told us they had no reason to complain although they had faith the provider would respond appropriately if they did complain. In relation to complaints handling a relative told us, "I do trust them." Another relative told us, "If you had a complaint I think they would take it on-board." The agency had a suitable complaints policy in place which was referred to in the 'service user guide' people were given when they began receiving care from the agency to guide people on complaining. The provider told us they had not received any complaints in the past year and records confirmed this.

## Is the service well-led?

### Our findings

At our 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 and so there was a breach relating to good governance. At our inspection in January 2017 we found the provider had made sufficient improvements to meet the regulation relating to good governance, 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.

At this inspection we found the provider continued to have some systems in place to monitor and improve the service, although these were no longer sufficient to meet the regulation. The provider continued to carry out spot checks and observations of staff caring for people every few months. The provider checked people were caring for people according to their care plans as well as following best practice during these spot checks. The provider also audited people's care plans each month. However, these audits had not identified that risks to people were not always properly assessed as part of keeping people safe and that some people did not have care plans in place regarding their individual needs. The provider told us they checked people's medicines records every few weeks to see whether staff recorded medicines administration appropriately and if there any gaps which could indicate people did not receive their medicines as prescribed. However, these checks were not recorded. We identified a gap in a person's medicine record and the provider told us they had already identified this and investigated. The provider found the gap was due a recording error by staff. The lack of records relating to medicines audits meant there was no audit trail to evidence these checks were taking place on a regular basis. This meant people could be at risk of not receiving their medicines as prescribed due to poor record keeping.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives told us the service was well led, although our findings in relation to the provider's governance of the service were in contrast to this. One relative said, "One of [the management team] is always in the office. Your query is always dealt with. The phone is always answered." Another relative told us, "Well I think they're efficient enough. I would say everything runs smoothly". The registered manager recently left the service and the provider was recruiting for the position. The two directors were running the service in the meantime. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Our findings and discussions generally showed they understood their role and responsibilities as did the staff we spoke with.

The provider had open and inclusive ways of communicating with people and their relatives. The provider called people and visited them to gather their feedback and also sent questionnaires. The provider often visited people informally. A relative told us, "I think the communication is good and open". Another relative told us, "Every so often one of the ladies comes around to everyone to ask if we have any concerns... They always ask me what I think, would [certain ideas] work? That sort of thing."

People were supported by staff who felt the provider communicated well with them and that they were involved in running the service. Staff told us they felt well supported by the provider who often called them to check how they were and inform them of any changes. Staff told us there was an on call system and they could get hold of one of the management team at any time. The provider held group supervision for staff every three months and records showed staff were able to contribute ideas and suggestions to help improve the care people received. In addition staff felt welcome to visit the office to spend time with the directors if they required further support. Staff felt well supported by the provider and told us this support helped them feel motivated to perform their roles well.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The registered person did not ensure care and treatment was provided in a safe way for people by assessing the risks to the health and safety of people of receiving the care and doing all that is reasonably practicable to mitigate any such risks. Regulation 12(1)(2)(a)(b).

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems and processes were not established and operating effectively to assess, monitor and improve the quality and safety of the services provided. Regulation 17 (1)(2)(a)

**The enforcement action we took:**

We issued a warning notice.