

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 well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out an 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 of staff prior to their employment. They were also not adequately supporting staff with training and one to one meetings so staff were equipped to undertake their roles which meant people were at risk of receiving inappropriate or unsafe care.

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.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches of regulations described above.

We undertook a focused inspection on the 5 January 2017 to check they had followed their action plan and to confirm they now met legal requirements.

This report only covers our findings in relation to these requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Clovecare Limited on our website at www.cqc.org.uk

Clovecare Limited is registered to provide personal care to people in their own homes. At the time of this inspection they provided a service to approximately 30 people living in Merton and Sutton.

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.

During our focused inspection we found the provider had followed their action plan. They were undertaking pre-employment checks to ensure as far as possible, only suitable staff were employed. Once in post, staff received training and support to undertake their roles and responsibilities.

The provider had established mechanisms to gather the views of people who used the service. They had also put in place quality assurance measures to drive improvements within the service. A policy for whistleblowing had been introduced.

Whilst the provider had taken sufficient action to meet the legal requirements that were being breached at the last inspection, we have not improved our rating for the service. We need to see consistent improvements over time before we are able to change the rating of this service from 'requires improvement'.

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 provider has made improvements in this area.

Pre-employment checks were undertaken on staff to ensure as far as possible, only suitable people were employed by the service.

We have not changed the service's rating from 'requires improvement' as we need to see consistent improvements over time.

Requires Improvement ●

Is the service effective?

The provider has made improvements in this area.

Staff received training and support to enable them to undertake their roles and responsibilities.

We have not changed the service's rating from 'requires improvement' as we need to see consistent improvements over time.

Requires Improvement ●

Is the service well-led?

The provider has made improvements in this area.

The provider has introduced a number of measures to improve the quality of the service. This included questionnaires and regular contact with people who use the service in order to seek their views.

The provider also monitored staff by undertaking regular spot checks to ensure they are providing appropriate and safe care. The provider had introduced new policies and procedures, this included a whistleblowing policy.

We have not changed the service's rating from 'requires improvement' as 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 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.

We gave the provider 48 hour notice of the inspection because senior staff are sometimes out of the office supporting care workers or visiting people who use the service. We needed to be sure that senior staff would be available to speak with us on the day of our inspection. The inspection was carried out by one inspector. We inspected the service against three of the five questions we ask about services: Is it safe? Is it effective? Is it well led?

Before our inspection we reviewed the information we held about the service, this included the provider's action plan, which set out the action they would take to meet legal requirements.

During our inspection we looked at various records including four staff recruitment files and training records. We also looked at information to ensure people were being asked their views about the service. At the time of the inspection the registered manager was not available, we therefore spoke with a senior member staff and two care workers.

Is the service safe?

Our findings

At our last inspection of the service on 25 May 2016 we found 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 agency. This meant people using the service were at risk of receiving care and support from staff who might not be suitable to work in this sector.

At this inspection we looked at recruitment files for staff and saw that each file contained two appropriate references from previous employers. Only if this had not been possible did they obtain personal references. We saw there were proofs of identity and address and up to date criminal records checks with a system to renew these at least every three years, in line with good practice guidelines.. This meant the provider was taking measures to ensure the suitability of staff they employed.

Is the service effective?

Our findings

At our last inspection of this service on 25 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 this inspection we saw the provider had identified training they considered mandatory. We saw training was offered through a variety of ways. The majority was completed over a day with an external trainer, and covered safeguarding adults at risk, health and safety and infection control. There was additional training for moving and handling, medicines awareness and the Mental Capacity Act 2005. Any online training completed by staff was assessed through a test of knowledge.

Records we looked at and staff told us they had completed the mandatory training as identified by the provider. There was also a matrix which recorded the date of completed training and when it needed to be renewed. This meant staff were now receiving training so they could better undertake their role.

Staff were now also receiving formal support from their line manager to consider their work and performance. Records showed there was a three month induction period for new staff followed by an appraisal. All staff received annual appraisals. There was also a system of group supervision for staff every three months and one to one meetings with line managers. Staff told us they felt able to approach their line manager in-between the formal sessions to discuss any concerns and felt they were well supported in their role.

Is the service well-led?

Our findings

At our last inspection of the service on 25 May 2016 we found the provider did not have effective quality assurance processes to ensure people were protected from the risks of unsafe care. The provider's processes to monitor the quality of the service had not identified the concerns we found at that inspection. Nor did they have key policies in place, namely a whistle-blowing policy. Whistle-blowing allows workers legal protection if they report certain wrong-doing in their place of work.

The provider also had not developed a systematic way of obtaining information so they could monitor and improve the quality of care through the use of customer satisfaction questionnaires, feedback from professionals or spot checks on their staff to see if the care they provided was of a good standard. This meant that people who used the service were at risk of receiving poor or inappropriate care.

We saw the provider had addressed the issues identified at the previous inspection and now had systems in place to monitor the quality of the service. This included spot checks of staff to ensure they arrived on time, were wearing the correct uniform and identity badge and were appropriately using personal protective equipment such as disposable gloves and aprons. Additionally, the provider ensured staff were providing appropriate and safe care to people. We also checked the provider's documentation and saw they had key policies in place which included a whistle-blowing policy.

The provider had developed mechanisms to obtain feedback from people who used the service to assess the quality of the service people received and make improvements where required. This included the use of customer satisfaction surveys, annual visits and regular telephone calls to people who used the service. In this way the provider was using a range of methods to obtain people's and stakeholder's views about the service.