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 25 May 2016 and was announced. The agency has been registered with the Care Quality Commission since July 2015 and this was its first inspection.

Clovecare provides personal care to people living in their own homes. They currently provide a service to approximately 20 people who mainly live in the London Boroughs of Merton and Sutton.

The service did not have 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 2008 and associated regulations about how the service is run. At the time of the inspection the provider had recruited a manager who had submitted their application to CQC to become the registered manager.

We found the provider had not always followed their own recruitment processes which may have resulted in care workers being employed who were not suitable to care for people. In addition, there were risks people's needs may not have always been met because staff were not always suitably trained or supported to carry out their roles.

Furthermore, the provider had not established good governance systems to regularly assess, monitor, and where required, improve the quality and safety of the service people received. This included having no formal processes in place to regularly seek and act on the feedback from people.

We identified three breaches of the Health and Social Care (Regulated Activities) Regulations during our inspection. You can see what action we told the provider to take at the back of the full version of this report.

Notwithstanding these issues, people who received care from Clovecare were happy with the care they received. They told us care workers provided care that was specific to their needs and wishes. They also said care workers asked for consent prior to providing care.

Staff at Clovecare were able to tell us how they kept people safe and if any issues arose what action they would take to protect people. They also made sure people received the medicines prescribed to them. Care workers routinely monitored people's health, which included ensuring people were getting enough to eat and drink.

The service had identified risks to people and how these risks could be minimised. Accidents and incidents were recorded and analysed in order to reduce re-occurrences. There were systems in place for care workers to contact senior staff out of hours if there was an emergency.

The manager was aware of their responsibilities and knew when they had to contact CQC to inform us of

significant issues that had arisen within the service. Care workers told us they felt they could raise issues with the manager and they would be listened to.

Care workers respected people's rights to privacy and dignity. This included making sure people's confidentiality was maintained when required. People were encouraged wherever possible to do as much as they could for themselves. In this way people's independent skills were maintained.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. There was a risk people may receive care from care workers who were not suitable to be employed in their role. This is because the provider had not undertaken all appropriate recruitment checks prior to employment.

People were positive about the care they received and felt safe. Care workers knew how to identify the signs of abuse and how they were required to respond. People received their medicines as had been prescribed to them.

The provider had completed risk assessments to help ensure the safety of people and staff. Accidents and incidents were recorded and action taken to minimise the possibility of re-occurrences.

Is the service effective?

Requires Improvement

The service was not always effective. Care workers may not have received the training and support they required to undertake their roles and responsibilities.

Care workers ensured they obtained consent from people prior to providing any care. This meant people received care which was in line with their wishes.

The provider had arrangements in place to make sure people's general health, including nutritional needs were met.

Is the service caring?

Good

The service was caring. People and their representatives spoke positively about their care workers.

People were encouraged to maintain their independence whenever possible. People told us care workers ensured their rights to privacy and dignity.

People knew their care needs were central to how support was provided. Care workers understood the principle of confidentially

and ensured people's rights in this respect were protected.

Is the service responsive?

Good

The service was responsive. People's care needs were individualised and written down so care workers could provide this accordingly.

People felt able to raise issues and make complaints if they thought it was necessary. They felt their views would be listened to and acted upon.

The service ensured people were supported to meet their recreational needs to help reduce people's social isolation.

Is the service well-led?

Requires Improvement

The service was not always well-led. The provider had not established effective governance systems to routinely assess, monitor, and where required, improve the quality and safety of the service people received. This included not seeking the views of people who used the service in a systematic way to help improve the service.

Care workers felt the manager was open and inclusive and they could raise any issues of concerns they had.

The provider was aware of their responsibilities under the law, including notifying CQC of any significant events that might affect the well-being of people.

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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.

This inspection took place on 25 May 2016 and was announced. We gave the provider 24 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 an inspector.

Before the inspection we reviewed information about the service such as notifications they are required to submit to CQC. Notifications outline any significant events that occur within the service.

During the inspection we went to the provider's head office and spoke with the acting manager and a representative of the provider. We reviewed the care records of four people who used the service, and looked at the records of three staff and other records relating to the management of the service.

After the inspection visit we spoke with three people or their representatives who received a service from Clovecare. We also had telephone contact with two members of staff and two social workers who gave us feed-back about the agency.

Requires Improvement

Is the service safe?

Our findings

People were positive about the care provided by Clovecare. One person told us "I have a lot of confidence in them, I trust them." Someone else said, "They are really lovely, lovely people and I totally have confidence in them."

Despite the above, the provider did not ensure people were always cared for by suitable staff because they had not taken sufficient steps to ensure the suitability of care workers employed by the agency. This was because the provider had failed to obtain two employment references prior to care staff being employed by the agency. In two instances we saw there was a single employment reference from the previous employer. In the third instance no reference could be located. When we discussed this with the provider's representative we were told they had obtained a verbal reference, but they had not kept evidence that they had. 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.

This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Despite this issue, the provider had undertaken other relevant employment checks. This included a completed application form, notes from interview, and proof of identity and criminal record checks.

The provider had measures in place to ensure that people were protected from harm. Care workers were able to tell us what signs they would look for to identify people at possible risk, and what action they would need to take to ensure people's safety. The provider had developed their own policies and procedures so that their staff knew how to take appropriate action if a referral needed to be made. Care workers told us they had received training about how to identity abuse and what action to take. The manager told us about safeguarding training they planned to undertake once registered. They had identified Level 3 'Safeguarding Adults at Risk' training. This is a nationally recognised level of training for people needing to be aware of procedures in relation to making referrals to responsible bodies in order for them to investigate any safeguarding alerts.

The provider had a number of arrangements in place to deal with emergency situations to ensure continuity of service. There was an emergency senior staff rota so care workers could get advice during out of office hours. These contact details were also available to people who used the service. Care workers told us, "They [on call staff] always answer the phone" and "always get support and they [on call staff] offer to come out with me if I need them to".

We talked with the manager about the arrangements for the administration of medicines to make sure it was completed safely. We were told care workers administered medicines and then signed the medicines record (MAR sheets) to confirm they had been given. We looked at a number of completed MAR sheets which were retained at the office. We saw in general they had been completed satisfactorily, although there were a number of omissions. We discussed this with the providers' representative who told us, there were a number

of people who chose to go out independently and therefore would be unavailable to take their medicines when the care worker visited. The provider agreed that there should be no gaps or omissions in MAR sheets, and if people are absent or choose not to take their medicines, this should still be recorded as such.

We looked at a blank sample of a health and safety risk assessments. This comprehensive document identified any possible risks to people and how they could be minimised. We were told the completed documents were kept at people's homes. This was confirmed by people and their representatives we spoke with. The service kept a record of accidents and incidents in people's care plans and a copy retained centrally at the office. The manager told us any issues were immediately reported to the person's family or to social services. There was an analysis of significant events by the manager to see if there were any patterns that could be established and if so what action was required to mitigate against re-occurrences.

Requires Improvement

Is the service effective?

Our findings

There were risks that people might not be cared for by staff who were appropriately trained in line with their roles and responsibilities. In some circumstances we found training may not have taken place or been refreshed as often as required. The provider had not identified training they considered mandatory. We found copies of certificates of some training completed but there was no systematic way of establishing what training was required, when it had been completed or when it needed to be refreshed. We found one member of care staff had completed training for infection control, food hygiene and safeguarding adults at risk within the last year. Two other care workers had no record of any training, although the providers' representative told us they had completed training whilst working for another provider. We were therefore unable to ascertain if training had been completed or if it had not been recorded.

Care workers told us they were supported by their line managers and they felt they could raise any issues and concerns with them. However, there was no system of formal support through one to one meetings (supervision) or annual appraisals which considered their professional development. This meant care staff were not receiving appropriate support through training, supervision and appraisals to enable them to carry out the duties they were employed to perform.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Notwithstanding the above, people we spoke with considered the care workers knew how to provide appropriate care. A relative told us, "They know what they are doing." Whilst both social care professionals commented that the care workers had come from another provider and were 'very experienced and professional.' We spoke with a care worker who had recently started working for the provider and they were able to tell us about their induction period. This had included reading various policies and procedures and then shadowing an experienced care worker for a week so they had an understanding of the role they were required to undertake.

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.

We checked the provider was working within the remit of the MCA. The manager was able to explain the principles of the MCA and how it impacted on the way the agency worked with people. Care workers were able to tell us how they always sought people's consent before providing care. This was reinforced by information written in people's care plans which prompted carers to seek permission prior to providing care.

With regards to people's nutritional needs, the manager told us families in general provided food and drink

and care workers tended to make sure sandwiches and drinks were available for people to have. Care workers told us how the service emphasised to them how important it was to ensure that people had sufficient fluids. For example, making a cup of tea on arrival and then offering another cup to the person just before leaving, as well as having water readily available.

The service supported people's to meet their health needs. This often involved monitoring people's condition and alerting people's families to a deterioration in someone's condition and requesting they contact a healthcare professional. Care workers and agency staff were also aware and clear how they would contact healthcare professionals directly if there was an emergency.

Good

Is the service caring?

Our findings

People were encouraged to be as independent as possible within their own limitations. Care plans prompted workers to encourage people whenever possible so they could maintain their independence. For example in a care plan we saw it had been recorded that the person preferred to wash their hair over the sink rather than in the shower and also highlighted that care staff should try and encourage the person to shampoo their own hair.

In general people told us how their care worker was very punctual in their timekeeping. Although one person did say about their care worker, "Reliable, they're very good but not always on time." We raised this with the manager who told us they spent a lot of time ensuring care workers visits were arranged so they had the least amount of travel time between calls. They also tried to ensure if care workers were going to be late that people received a telephone call to inform them of the delay. The professionals we spoke with said the agency would say from the start if they thought they would not be able to provide a care package. Professionals were positive about this approach as it meant there were no unrealistic expectations raised.

The service recognised the importance of providing the same care workers consistently over time. This meant that people receiving a service had some continuity. People therefore felt care workers understood their needs and were reassured by familiarity. A number of people confirmed how valuable it was to them that they had some consistency. A relative said "We always have one of three carers which is great." Whilst people told us they had consistency, the records we looked at showed a different picture. We saw that over a one week period, it was not uncommon to have six different care workers visiting people who needed visits twice a day. We raised this with the manager who told us they liked to keep some flexibility of care workers in case of absences. They agreed to continually review and monitor the number of care workers going into someone's home.

Care workers told us they spent time listening and getting to know people to understand what worked for them and how they wanted to be cared for. The manager told us how the original care plan was altered once they had a better understanding of someone's preferences. For example, we saw that a person preferred certain toiletry products and this was included in their care plan.

People told us care workers treated them with respect. Care workers were able to tell us how they provided care to people to ensure their privacy and dignity. This included making sure doors and curtains were closed, and talking to the person throughout to let people know what they were doing.

Care workers were aware of the principle and importance of confidentiality. People told us they felt assured that information the service held about them would respect their rights to confidentiality. Care workers were able to tell us how they maintained people's confidentiality and in what circumstances they had a responsibility to share certain information. Written information about people using the service was kept in a locked metal cabinet within the office. The office was also locked when no one was in.

Good

Is the service responsive?

Our findings

People felt the service was responsive to their needs. One person said, "They are always willing to do anything requested." A relative told us, "I know they will 'phone me if they're unsure about anything."

People received support which put them at the focus of the care provided. We saw care plans had been developed using information gathered from a variety of sources which included the local authority and hospitals where applicable. The manager then gathered information about people's life histories and what care was required from people themselves and their relatives. People told us they were given a copy of their care plan which they retained in their own homes. In particular the care plan focused on people's views and preferences for how care and support should be provided to meet their individualised needs. The manager told us the care plan was 'always a work in progress', because as the care workers got to know people over time, they could add information regarding specific details of how people wished to be cared for. In this way the care plan reflected people's changing and current needs.

The care plans where possible gave people choice about the care they received. We saw some good examples of how this was put into place. For example, in one care plan there was a series of strategies for assisting someone who was reluctant with their personal hygiene but a reminder that if all these strategies failed, it was the person's choice not to have care. In another example, the agency provided uniforms for their staff but if people preferred not to have care workers wearing the uniform as it would identify them and possibly stigmatise them as requiring care, then workers did not wear them.

Care workers told us they received sufficient information about people they were required to work with prior to providing the care. In addition to the care plans, we were told about the 'priority information sheet' which gave care workers key information to undertake their roles. This was particularly useful if care workers were required to go to someone in an emergency situation and gave them important information when providing care.

The provider where possible, supported people with their social and recreational needs. We were given examples where care workers supported people to attend a day centre. In another case they provided flexible care so someone could go to lunch as and when they wanted to. The manager was able to tell us about a person who was discharged from hospital who initially could not go out at all, however with support from care workers they were now confident to go out once a week. Care workers were also aware that for many people, they were the only social contact the person had and therefore provided companionship and were minimising the risks of social isolation.

People knew how to make a complaint if they needed to. A relative told us, "I feel I can talk to them and they listen." We saw the provider had a complaints policy which included information about how to make a complaint and the timescales they would adhere to if a complaint was made. People received a copy of the complaints policy when they started receiving a service. The provider kept a log book for any complaints received. None had been received since the service started.

Requires Improvement

Is the service well-led?

Our findings

The provider did not have effective quality assurance processes to ensure people were protected from the risks of unsafe care. The findings during our inspection showed the provider had not identified the concerns we found at this inspection. This was with regard to staff references not being taken up at recruitment stage, no supervision or appraisals of staff and no clear expectations of training or records of training undertaken.

Additionally we found the provider did not always have key policies available to staff. For example, there was no whistle-blowing policy. Whistle-blowing allows workers legal protection if they report certain wrong-doing in their place of work.

The provider did not have systems or processes in place to monitor the quality and safety of the service. People we spoke with said they were comfortable raising issues or concerns with the agency and we saw evidence of a written feedback form. However the agency had not developed a systematic way of obtaining information so they could improve the quality of care through the use of customer satisfaction questionnaires, feedback from professionals or spot checks on their care workers to see if the care they provided was of a high standard. This meant that people who used the service were at risk of receiving poor or inappropriate care.

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

Care workers told us they enjoyed working for Clovecare. They told us the manager was approachable, and they could always pick up the telephone to them. A care worker said, "They answer their 'phone, whatever the time." Care workers told us they were comfortable raising issues with the manager and felt their views would be listened to and acted upon. A representative from the local authority told us the service worked well with them and responded to requests made.

The manager demonstrated a good understanding and awareness of their role and responsibilities particularly with regard to CQC registration requirements and their legal obligation to notify us about important events that affect the people using the service, including incidents and accidents, allegations of abuse and events that affect the running of the service.

Care workers were encouraged to involve people they worked with in making decisions about the care provided. For example, if care workers wanted to take holiday leave, they would discuss this with the person they provided care for. People were encouraged to consider how this might affect them and what possible alternative arrangements could be put in place.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not established good governance systems to regularly assess, monitor, and where required, improve the quality and safety of the service people received. The provider also did not formally seek and act on feedback from people using the service. Regulation 17(2)(a)(e)

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed People using the service were at risk of receiving care and support from staff who might not be suitable to work with them. This was because the registered person had failed to undertake all the relevant recruitment checks on new applicants before they were employed to work for the agency. Regulation 19(3)(a)

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing People were at risk of receiving inappropriate care. This was because staff did not receive appropriate support, training, supervision and appraisals necessary to enable them to carry

out the duties.

Regulation 18(2)(a)