

Clover Support Group Ltd

Clover Support Group

Inspection report

41A Angless House
The Stow
Harlow
CM20 3AQ

Tel: 01279293033

Website: www.cloversupportgroup.co.uk

Date of inspection visit:
21 July 2021

Date of publication:
06 August 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

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

Clover Support Group is a domiciliary care agency providing personal care to people living in their own houses and flats. At the time of the inspection six people were using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

Risks to people's safety were assessed and monitored and safeguarding processes were in place to protect people from the risk of abuse. People received their medicines as prescribed and people's care plans detailed how they liked to be supported with their medicines.

People were protected from the risk of infection and the provider had put appropriate measures in place to manage the risk of COVID-19.

Staff received an induction and training relevant to their role and the registered manager monitored staff training to ensure it remained up to date. Staff told us they felt supported and valued by the registered manager.

People were supported by a small consistent staff team who knew them well and their care was personalised. People told us the staff were kind and caring in their support. The provider responded promptly to people's changing needs to ensure they were able to support them safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People, relatives and staff told us they felt comfortable raising any concerns with the registered manager and were confident these would be acted upon appropriately.

The provider had systems in place to monitor the quality and safety of the service and worked effectively alongside other health professionals to meet people's needs. People and relatives spoke positively about the culture and management of the service.

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

Rating at last inspection

This service was registered with us on 19 August 2019 and this is the first inspection.

Why we inspected

This was a planned inspection as the service had not been rated.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information, we may inspect sooner

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

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 ●

Clover Support Group

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager 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. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we held about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used this information to plan our inspection.

During the inspection

We spoke with two people who used the service and one relative about their experience of the care provided. We spoke with five members of staff including the registered manager and care staff. We reviewed a range of records. This included three people's care and medicines records, three staff files in relation to

recruitment and staff supervision and a variety of records relating to the management of the service.

After the inspection

We looked at training and quality assurance documentation and we spoke with one professional who has contact with the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People told us they felt safe. One person said, "I have no concerns, the carers make me feel safe."
- Risks to people's safety had been assessed and were reviewed regularly to ensure they remained up to date and met people's needs.
- Where people's needs had changed, the provider had responded promptly to ensure they were able to continue to support them safely. For example, when one person's mobility needs changed, the provider completed a joint assessment with the occupational therapist to ensure they understood what equipment needed to be in place and how to support the person to use it.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had received safeguarding training and knew how to raise concerns. One member of staff told us, "I would report any concerns to the manager straight away and they would raise a safeguarding."
- The provider had safeguarding and whistleblowing policies in place for staff to follow and the registered manager was aware of their responsibility to report safeguarding concerns to the local authority.

Staffing and recruitment

- People were supported by a consistent staff team and there were enough staff available to meet people's needs.
- People told us staff arrived at their preferred time and they did not have late or missed visits. One person said, "They never let me down and they're always here on time."
- The provider had completed recruitment checks prior to staff starting work. However, some applicants did not have a full employment history recorded. Following the inspection, the registered manager responded promptly and confirmed all staff now had a full employment history documented.

Using medicines safely

- People received their medicines as prescribed. Medicines administration records (MARs) were in place in people's homes and staff had documented when people had been supported with their medicines.
- People's care plans contained information about their medicines and what support they needed to take them safely. Staff had received medicines training and their competency to administer medicines had been assessed by the registered manager.
- Staff were able to tell us about which medicines needed to be given at specific times and the registered manager had ensured people's visits were scheduled appropriately so medicines were given at the same time each day.

Preventing and controlling infection

- People were protected from the risk of infection. Staff wore appropriate personal protective equipment (PPE) and had received infection prevention and control training.
- The registered manager ensured staff had up to date guidance and information about the management of COVID-19 risks and there were appropriate infection prevention and control policies in place for staff to follow.

Learning lessons when things go wrong

- The provider had documented the lessons learnt from accidents and incidents.
- Lessons learnt had been shared with staff via team meetings and supervisions to ensure they were involved in making decisions and putting actions in place to prevent 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to them receiving care and this information had been used to develop their care plans.
- People and relatives told us they were involved in the assessment and care planning process. One relative told us, "They involve [person] in all the conversations about their care and as relatives we're able to speak freely about the care and if any changes are needed."
- The provider ensured there were up to date policies and guidance in place to support staff knowledge and reflect best practice. The registered manager told us they were in the process of developing workshops in key areas of support to enable people and relatives to discuss the policies in place and how staff implement these when supporting people.

Staff support: induction, training, skills and experience

- Staff received a comprehensive induction when starting in their role, including shadowing more experienced staff whilst getting to know the people they were supporting. One member of staff told us, "The shadowing really helped me to understand how people like to be supported and it gave me the chance to observe and ask questions."
- Staff received regular training relevant to their role and the registered manager monitored this to ensure it remained up to date.
- Staff attended regular supervisions and told us they were able to speak to the registered manager at any time. One member of staff said, "The manager is very easy to talk to and you can ask them anything. If you have any questions, they will always give really clear explanations."

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

- People's care plans contained information about how they liked to be supported with their eating and drinking and detailed their meal time preferences.
- The provider responded promptly to changes in people's eating and drinking needs. For example, when one person appeared to be drinking less, the registered manager introduced guidelines on how to encourage the person to increase their fluids and a monitoring chart to ensure fluid intake was recorded.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's care plans contained information about their healthcare needs and the professionals involved in their care.
- The provider had made referrals to healthcare professionals in response to people's changing needs.

Following these referrals, the registered manager ensured new guidelines were implemented to ensure people continued to be supported appropriately.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- People's capacity to consent had been assessed. People's care plans contained information about what decisions they could make themselves and when they needed support.
- People's care plans contained guidance about how to support their decision making. For example, one person's care plan stated, 'I need time to process information and respond. I require patience and understanding'.
- People told us staff asked for their consent prior to supporting them. One person said, "The staff are always polite and will ask me before they do anything."

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People and relatives told us staff were kind and caring in their support. One person said, "I'm very happy with my care. The carers are kind and cheerful, they really are extremely good." A relative told us, "We're extremely impressed. We have a small team of consistent carers who visit and [person] is very happy with the care."
- People's care plans contained a breakdown of what support they needed during each visit and included information about the importance of staff being respectful in their support. For example, one person's care plan stated, 'My capabilities fluctuate. I don't like to be taken for granted or feel I am not being listened to. Staff must be compassionate'.
- People's religious and cultural preferences were considered during the initial assessment and this information was recorded in people's care plans.

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

- People told us they were able to make decisions about their day to day care. One person said, "They'll ask me, and I'll say what I would like." A relative told us, "The carers make it clear that [person] is in charge of their care and it's important they are happy with it."
- People's care plans contained clear information about how to offer choices and staff recorded what people had been offered and the choices they made in their daily notes.
- People were able to make decisions about what time their care was provided and whether they had a specific preference for male or female staff to support them. This information was recorded in people's initial assessments and the registered manager told us they planned the rota accordingly.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's privacy and dignity during support. One member of staff said, "We're encouraged to engage and build relationships with people. Give them time, be patient and make sure the person is in control and don't feel they're being told what to do."
- The provider had implemented an audit to monitor how people's dignity was being promoted and respected. The audit highlighted training completed by staff, information shared in team meetings and feedback from people and relatives.
- People were encouraged to maintain independence. People's care plans provided clear guidance about what they could do independently and what they needed support with. Where appropriate, this also included what extra support they may need 'on a bad day' when they were not feeling able to manage independently.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care was personalised. People's care plans contained information about their life history, what was important to them and their likes and dislikes.
- The provider ensured people's care plans were reviewed regularly and that people and relatives were fully involved in the reviews.
- People were supported by a small staff team who knew them well. Staff told us people's care plans and the training they had received had helped them to understand people's needs better. One member of staff said, "The care plans tell you how the person likes to be supported and our training helps us with how we communicate and how we connect with people."
- People and relatives told us they valued the consistency of staff and the opportunity this gave staff to get to know people. One relative told us, "The consistent carers suits [person's] needs. They are not comfortable with carers they don't know, and it means the carers have got to know them well."

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.

- People's care plans contained information about their sensory and communication needs. Where people required information to be given in a different format this was recorded; for example, one person's care plan was produced in large print to enable them to read it easily.

Improving care quality in response to complaints or concerns

- The provider had not received any complaints at the time of the inspection. However, a process was in place for responding to complaints as necessary.
- People were given a leaflet with guidance about how to make a complaint. People told us they felt comfortable raising concerns with staff and the registered manager.

End of life care and support

- The provider was not supporting anybody with end of life care at the time of the inspection.
- People's end of life care wishes had been considered during the provider's initial assessment, however this information lacked detail. Following the inspection, the provider told us they would be developing this to ensure people's wishes were clearly recorded.
- Staff had received end of life care training to support their understanding of people's needs.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives spoke positively about the registered manager and the culture of the service. One person told us, "The manager is extremely good and always happy to help with anything. I have no complaints whatsoever"
- Staff told us they felt supported and valued. One member of staff said, "The manager is very supportive and really cares about us." Another member of staff told us, "The manager is great. They are hands on and approachable and their door is always open."
- The registered manager spoke passionately about their values and how they planned to maintain these values as the service grew. They told us, "I want us to grow steadily, I'm not in a rush. I won't compromise on the quality of the care."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had effective systems in place to monitor the safety and quality of the service. These included regular monthly audits in a number of key areas such as medicines management, safeguarding and care planning.
- Staff told us the registered manager regularly carried out unannounced spot checks to review people's care and offer any support or guidance needed.
- The registered manager understood their regulatory responsibility to submit appropriate notifications to CQC when needed. Incidents had been fully investigated and people and relatives were kept informed.

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

- The provider sought regular feedback from people, relatives and staff via phone calls, satisfaction surveys and meetings.
- People and relatives told us they felt involved in the service. One relative said, "During the lockdown when we couldn't visit, the carers sent us regular messages and shared videos which really helped us keep in touch."
- Staff told us they were in frequent contact with the registered manager and were able to share feedback and discuss any issues together as a team during staff meetings.

Continuous learning and improving care; Working in partnership with others

- The provider worked in partnership with other health professionals to improve people's care. One health professional told us, "The manager was excellent at passing along any concerns or issues that arose and would often send me a quick summary to keep me in the loop."
- The registered manager told us they wanted to develop a culture of continuous learning. They told us they were implementing workshops and newsletters to share information and guidance with people and relatives and they regularly sourced new learning resources to share with staff to develop their skills and knowledge.