

Clover Cottage Limited

Clover Cottage

Inspection report

44 Wincanton Road
Noak Hill
Romford
Essex
RM3 9DH

Tel: 01708342038

Date of inspection visit:
04 July 2018

Date of publication:
23 July 2018

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

This inspection took place on 4 July 2018. We gave the provider 36 hours' notice of the inspection to make sure the registered manager would be available to assist with the inspection. The last inspection of the service was in December 2015 when we rated it as good for effective, caring, responsive and well-led and requires improvement for safe. There was one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 related to safe care and treatment. At the inspection in July 2018 we found that the provider had made improvements to meet the regulations.

Clover Cottage is a care home providing accommodation and personal care for 14 older people. At the time of our inspection 13 people were using the service. Some people were living with the experience of dementia and the service also supported people at the end of their lives. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Clover Cottage Limited is a private company and Clover Cottage is the only service the company runs. The service had a registered manager. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager registered with the CQC in March 2017.

The provider had systems and practices to keep people safe from abuse. Staff had been trained to keep people safe and they knew what to do if they had any concerns.

There were enough staff to meet people's care needs and the provider carried out checks to make sure they only employed staff who were suitable to work with people using the service.

People received their medicines safely and as prescribed. Care staff worked with local services to make sure people's health care needs were met in the service.

The provider, registered manager and care staff protected people by the prevention and control of infection.

Staff had the training and support they needed to meet people's needs.

The service provided varied and nutritious meals that people told us they enjoyed. Drinks were provided to make sure people were hydrated, especially during periods of hot weather.

The provider and registered manager worked with local health and social care services to make sure people received effective care, support and treatment.

The premises were appropriately maintained and provided a good standard of comfortable and homely accommodation. The provider had started work to provide additional bedrooms and improved communal areas.

Care staff sought people's consent before providing care and support. The registered manager understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were not deprived of their liberty unlawfully.

People using the service and their relatives told us staff were kind, caring and treated them with respect. Staff we spoke with were passionate about their work and motivated to provide people with the best possible standards of care and support.

The care and support staff provided was appropriate to people's needs and enhanced their well-being. Staff were patient and discreet when providing care for people.

People using the service and their relatives told us people were well supported and their needs were met. The registered manager assessed people's care needs before they moved in to the service and used their assessments to develop an individual care plan for each person.

Care staff had good relationships with people and spoke knowledgeably about their individual care and support needs. The provider, registered manager and care staff supported people at the end of their life to have a comfortable, dignified and pain-free death.

The provider had systems for recording, investigating and responding to any complaints they received.

People using the service and their relatives told us they felt it was well-managed. Care staff also commented positively on the way the service was managed.

People using the service, their relatives and professionals were encouraged and supported to give their views on the care and support people received.

The provider and registered manager had procedures in place to monitor quality in the service and make improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

The provider had systems and practices to keep people safe from abuse. Staff had been trained to keep people safe and they knew what to do if they had any concerns.

There were enough staff to meet people's care needs and the provider carried out checks to make sure they only employed staff who were suitable to work with people using the service.

People received the medicines they needed safely and as prescribed. Care staff worked with local services to make sure people's health care needs were met in the service.

The provider, registered manager and care staff protected people by the prevention and control of infection.

Is the service effective?

Good ●

The service was effective.

The registered manager assessed people's care and support needs and developed plans to meet these in the service.

Staff had the training and support they needed to meet people's needs.

The service provided varied and nutritious meals that people told us they enjoyed. Drinks were provided to make sure people were hydrated, especially during periods of hot weather.

The provider and registered manager worked with local health and social care services to make sure people received effective care, support and treatment.

The premises provided a good standard of homely accommodation. The provider had started work to provide additional bedrooms and improved communal areas.

Care staff sought people's consent before providing care and support. The registered manager understood their

responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were not deprived of their liberty unlawfully.

Is the service caring?

Good ●

The service was caring.

People using the service and their relatives told us staff were kind, caring and treated them with respect.

Staff we spoke with were passionate about their work and motivated to provide people with the best possible standards of care and support.

The provider had systems to support people to express their views and be actively involved in their care and support.

The care and support staff provided was appropriate to people's needs and enhanced their well-being. Staff were patient and discreet when providing care for people.

Is the service responsive?

Good ●

The service was responsive.

People using the service and their relatives told us people were well supported and their needs were met.

The registered manager assessed people's care needs before they moved in to the service and used their assessments to develop an individual care plan for each person.

Care staff had good relationships with people and spoke knowledgeably about their individual care and support needs.

The provider had systems for recording, investigating and responding to any complaints they received.

The provider, registered manager and care staff supported people at the end of their life to have a comfortable, dignified and pain-free death.

Is the service well-led?

Good ●

The service was well led.

People using the service and their relatives told us they felt it was well-managed. Care staff also commented positively on the way

the service was managed.

People using the service, their relatives and professionals were encouraged and supported to give their views on the care and support people received.

The provider and registered manager had procedures in place to monitor quality in the service and make improvements.

Clover Cottage

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 was planned to check whether the provider was 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 4 July 2018. We gave the provider 36 hours' notice of the inspection to make sure the registered manager would be available to assist with the inspection. One inspector carried out the inspection.

Before this inspection we reviewed the information we held about the provider and the service. This included the last inspection report and notifications the provider sent us. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about. We also received comments from three health and social care professionals working with people who used the service and the local authority's quality monitoring and safeguarding teams.

During the inspection we spoke with six people using the service, four relatives and visitors, two care staff, the cook and the registered manager. We reviewed the care records for two people, including their support plans, daily care notes and risk assessments and medicines records for 10 people. We also looked at other records including accidents and incidents, complaints, the provider's policies and procedures and checks and audits the provider and registered manager carried out to monitor quality in the service and make improvements.

Is the service safe?

Our findings

At our last inspection in December 2015 we found the provider had not taken proper steps to ensure that the premises were safe to use for their intended purpose. At this inspection we found the provider had addressed this issue and the service now met the regulations.

People using the service and their relatives told us people were cared for safely in the home. Their comments included, "I feel very safe, the staff look after me," "I couldn't stay at home but I feel very safe here, they are always looking out for you," "I'm very safe here, the staff are very good". People's relatives added, "My [family member] is very safe here, we never have to worry about her," "I can go home and I know my [family member] is safe. It has taken a lot of stress off me and other family members" and "It is hard to imagine a safer place, we have no concerns whatsoever". The local authority's safeguarding team also told us there were no current safeguarding concerns with the service.

The provider had systems in place to protect people from abuse, staff understood these and knew what to do if they had any concerns. The registered manager had reviewed the provider's policy and procedures for safeguarding people using the service in September 2017. The procedures included clear guidance for staff on what to do if they had any concerns and contact details for the local authority's safeguarding team. Staff training records showed that all staff had completed safeguarding training.

When we asked staff what they would do if they thought a person using the service was being abused, they told us, "I would tell the manager straight away. If I thought nothing was being done, I would tell the Care Quality Commission (CQC) or the local authority" and "I'd make sure the person was safe and tell the senior or manager. If nothing was done I would tell the safeguarding team or CQC". The registered manager was also aware of their responsibility to report issues relating to safeguarding to the local authority and the Care Quality Commission.

The provider had assessed and recorded potential risks to people's safety. We saw clear guidance for care staff on how to manage risks in a consistent manner without restricting people's freedom, choice and independence. Training records showed care staff had also received additional training on how to keep people safe including the use of mobility equipment, fire safety, infection control and first aid. We saw the registered manager regularly reviewed and updated the risk assessments and staff guidance in line with people's changing needs. For example, they had recently updated one person's risk assessment for behaviours that challenged and clarified guidance for staff on how to support the person while promoting their independence. We saw the registered manager had also completed environmental risk assessments in other areas such as fire safety, the use of equipment, the management of hazardous substances and building works that were taking place during the inspection.

People were safe because the provider operated effective recruitment procedures when they employed care staff to work in the service. We looked at the recruitment records of two members of staff and found the provider had completed appropriate employment checks before they began working in the service. These included references from previous employers, proof of the person's identity and right to remain and work in

the United Kingdom and Disclosure and Barring Service (DBS) checks. Care staff we spoke with confirmed the provider had completed the checks before they started to work with people using the service.

There were sufficient staff and people using the service did not have to wait long for support from the care staff. During the inspection we saw care staff responded promptly to people's requests for assistance. People told us there were sufficient staff to keep them safe and meet their care and support needs in a timely way; they made positive comments about the staff team. We looked at the rotas and noted staffing levels were consistent with enough staff available to meet people's needs. The registered manager told us that they based the rota on people's support needs and they were in the process of recruiting additional staff as the provider planned to open three new rooms in 2018.

There were safe processes in place for the receipt, ordering and disposal of medicines and the provider stored all medicines securely in a lockable, metal cabinet. The provider had reviewed their policy and procedures for managing people's medicines in September 2017 and these referred to best practice guidance from the Department of Health on the administration of medicines in care homes and advice and information from the Care Quality Commission's medicines team.

Care staff who were responsible for the safe management of people's medicines had received training and the registered manager had completed checks on their practice to make sure they were competent to support people with this aspect of their care. We saw care staff provided careful, patient and considerate administration of people's medicines. We checked the medication administration record sheets (MARs) for 10 people using the service and found care staff completed these well, with no errors or omissions. The provider had guidance for staff on the administration of PRN ('as required') medicines to make sure they administered these correctly.

There were infection control policies and procedures for care staff to refer to and staff had been trained in this area. Staff were provided with protective wear such as disposable gloves and aprons and suitable hand washing facilities were available to help prevent the spread of infection. During the inspection we saw all parts of the home were clean and tidy and there was no malodour.

The provider had arrangements in place for ongoing maintenance and repairs to the building. Records showed they carried out regular safety checks on all systems and equipment. All the health and safety records we saw were complete and up to date. The registered manager also carried out monthly health and safety audits that included water temperatures and window opening restrictors. The most recent food safety inspection by the local authority's environmental services had awarded the service the highest rating, five stars.

The registered manager could give us examples of how they had made changes to the service because of incidents that affected people. For example, they told us, "[One person] used to be very challenging daily and they would get upset for reasons we never understood. We tried to manage this with conversation, consoling and honest explanations of what was going on around them but it never seemed to work. After a time observing the lounge I decided to have a move around of furniture, to position this person, with their permission, in a place where they felt more involved and could see and hear everything that was going on. Initially they were a little upset but it didn't take long for them to love where they were as they could see through the whole of the lounge and be involved in conversations. The effect for this person and others around them has been hugely positive as the atmosphere is so much friendlier all the time. It has also had a positive effect on the person's relationship with their [family members], who have visited more frequently, call on the phone often to chat and take [the person] out every week for lunch and company. They also have expressed their gratitude to us for making their [family member] happy."

Is the service effective?

Our findings

People's relatives told us they had been involved in the initial assessment of their family member's care needs before they moved into the service. One said, "[The registered manager] came to see my [family member] and we talked about what they could do for themselves and where they needed help. [The registered manager] told us how they would help my [family member] to remain as independent as possible because this is very important to them. I really think they understand exactly what help they need but they don't interfere where it's not needed." A healthcare professional commented, "Staff monitor clients effectively and always alert us if they have any concerns regarding pressure areas or general deterioration in health."

The registered manager and care staff assessed people's needs and choices for care and support. They used this information to develop a care plan that they kept under review to ensure care staff had up to date information about people's care and support needs. We looked at the care plans for two people and saw they covered all their social and health care needs. Where the provider's care needs assessment or risk assessments identified an area where the person needed support, they gave care staff clear guidance on how to provide this. The provider involved people and their families in the review of care plans and ensured they asked people about the outcomes they wanted.

Training records showed that care staff and the registered manager had completed training the provider considered mandatory. The registered manager told us they had recently purchased additional training packages to supplement the basic training the service provided. The records showed care staff had completed training including safeguarding adults, medicines management, food hygiene, health and safety and first aid. Care staff told us they enjoyed the training and found it helpful. Their comments included, "The training is really good. I've done training in other homes but this was the best" and "The training is excellent, I've learnt a lot."

People told us they enjoyed the food provided in the service and we saw their care plans included information about allergies and food likes and dislikes. Their comments included, "The food's pretty good, I enjoy it" and "Oh yes, the food is really lovely. I enjoy it all." Care staff and the service's cook could tell us about what foods people preferred to eat for their meals. The provider displayed a week's menu in the lounge / dining room and the cook told us that alternatives were always available if people did not want the day's options. We saw the menu offered a variety of nutritious meals and cold drinks, fresh fruit and snacks were readily available for people throughout the day.

The registered manager and care staff worked with other agencies, social and health care professionals to make sure they met people's needs. We saw evidence they worked with healthcare professionals and other agencies to meet people's social and healthcare needs. Care staff kept a good record of healthcare appointments and the registered manager made sure they amended people's care plans and risk assessments, if required following these appointments. People using the service were registered with local GPs, dentists and an optician. We saw evidence of regular appointments with these professionals, as well as hospital appointments for audiology, the wheelchair service and services for people living with the

experience of dementia.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager understood their responsibilities under the MCA and DoLS. Where it was necessary to place restrictions on people to keep them safe, they had applied to the local authority for authorisation and notified the Care Quality Commission when this was agreed. People were not being deprived of their liberty unlawfully.

Some people's care records included mental capacity assessments to help care staff, health and social care professionals decide whether the person could make decisions about specific aspects of their care and support. For example, we saw capacity assessments for using the shower independently, nutrition and continence. Where people lacked the mental capacity to make decisions, we saw the registered manager and care staff worked with the person and their relatives to agree decisions that were in the person's best interests.

We found people's records were stored securely, were accurate and reviewed in line with their changing needs to reflect the care they were receiving. Records in relation to the management of the service were well maintained and were accurate and kept up to date.

The service offered accommodation that met people's needs. During the inspection we saw the provider was carrying out building works to create additional communal space for people using the service and three extra bedrooms. They had carried out risk assessments to ensure they completed the works safely and with the minimum of disruption. We saw that people had personalised their bedrooms with their own family photos, pictures and items of furniture. Three of the bedrooms included en-suite facilities and all other rooms had a wash hand basin and people had access to a bathroom and shower room. Communal areas were well decorated with bunting to celebrate the football World Cup. People had access to a large garden and we saw people enjoyed accessing this during our inspection.

Is the service caring?

Our findings

People using the service and their relatives told us staff were kind, caring and treated them with respect. They said, "The staff are lovely, I can't fault them," "The staff are first-class, they are so patient and caring," "The staff are all great, they do a fantastic job," "Nothing is too much trouble for them, they are all great," "They look after my [family member] like they're one of their own family, you really couldn't find better care anywhere" and "I am very happy here, the staff are very kind. I use the call bell if I need help but they are always popping in to check I'm alright."

A healthcare professional told us, "All staff are supportive and approachable, kind and caring and always willing to help." A second healthcare professional commented, "There is genuine compassion and love evident in the care given and staff are supported to give good care at all times. I think Clover Cottage is the only care home I have ever visited that I would whole-heartedly recommend to a friend or relative seeking placement."

People told us they could see their relatives and visitors in the service's communal areas, garden or people's own rooms. On the day we inspected, several relatives came into the service to visit people. Staff greeted each visitor with a smile and showed genuine interest in their lives as well as sharing information about their family member.

Staff we spoke with were passionate about their work and motivated to provide people with the best possible standards of care and support. They told us, "I try and treat people how I would want one of my relatives to be treated" and "We are here to care for and support people and I love it when I see how happy people are here."

During lunch we saw staff were caring, they offered people choices and helped with the meal at a pace that suited individuals. For example, they asked people what they wanted to eat and drink and gave people time to make a choice. There was a lively atmosphere in the dining room and people chatted with staff while they served and helped with the meal.

Staff were patient and discreet when providing care for people. They took time to speak with people as they supported them and we saw many positive interactions that supported people's wellbeing. Staff understood the care needs of the people they supported and they were knowledgeable about their life histories and family members. We saw the registered manager noticed when one person was uncomfortable in the clothes they were wearing. They discreetly asked the person if they wanted to change their clothes and arranged for a member of staff to support them to their room to change in to more comfortable clothes.

Throughout the day staff chatted with people and included them in conversations about events in the news, the weather, their own families and activities in the home. During the afternoon people chose to watch the tennis from Wimbledon in the main lounge and staff made sure they had enough to drink and offered people ice creams.

Care staff demonstrated good relationships with people, spoke knowledgeably about their individual care and support needs and understood what caused each person anxiety. Staff developed ways to work with people to overcome these barriers and help people maintain their independence and progress as much as possible. For example, we saw that care staff and the registered manager had worked with local healthcare services for people living with the experience of dementia to develop a risk assessment for one person to enable them to continue helping in the service's kitchen.

People and their relatives told us staff treated people with respect. Their comments included, "They knock on my door, tell me who it is and always ask if they can come in" and "[The staff] are very respectful, they always ask what I need and if there is anything they can do for me."

Staff told us they always closed bedroom and bathroom doors when they supported people with their personal care. One member of staff told us, "Nobody wants to be watched when they are using the toilet or when they are in the bath, it's undignified. I always make sure I respect people's privacy." Another member of staff said, "Respecting people's privacy and dignity is all part of person centred care. We are looking after people who have children and grandchildren and they would want us to look after their relatives in a respectful way."

People using the service, their relatives and professionals were encouraged and supported to give their views on the care and support people received. The provider and registered manager arranged meetings for people and their relatives and records showed they had held these in October 2017 and April 2018. They used the meetings to provide information for people and to ask for their views on activities and the food provided in the service. The provider had also carried out a satisfaction survey in March 2018. People, their relatives and visiting professionals commented very positively on the care and support people received and where they suggested improvements, the provider acted in response. For example, they agreed to increase the amount of information care staff gave to people about their care and the activities provided in the service.

Is the service responsive?

Our findings

People using the service and their relatives told us people were well supported and their needs were met. They told us, "I'm not sure if I have a care plan but the [care staff] know what help I need," "[The registered manager] talked to us about what help my [family member] needs before they moved in. I know they have a care plan but I haven't asked to see it, I know they are well cared for here" and "They [the care staff] totally understand my [family member's] care needs. I know they write it all down on the computer and I only have to ask and they tell me everything. You can't fault the care here."

A healthcare professional told us, "Clover Cottage is a lovely home, it is always clean and tidy. The residents are happy and stimulated which are the most important factors and they are extremely well looked after by all staff."

The registered manager assessed people's care needs before they moved in to the service and used their assessments to develop an individual care plan for each person. Care plans we saw detailed different aspects of people's lives and the support they needed with their personal care, mobility, nutrition, communication and health care. The registered manager reviewed the care plans regularly or when a person's care needs changed. The care staff recorded each day on the service's computer how the person was, the support they had received, what they had to eat and drink and what activities they had taken part in.

People took part in different activities. We inspected the service on a very hot day and while some people spent time in the service's garden, others relaxed in their rooms or the main lounge area. One person told us they enjoyed gardening and had helped to tidy up some of the flower beds in the garden and the registered manager confirmed they would provide a raised flower bed so that this person could become more involved. During the afternoon, people watched tennis on the TV and enjoyed eating ice cream and chatting with care staff and the registered manager. One person told us, "It's a good home. I get the help I need and I can be as independent as I want."

The provider had a policy and procedures for responding to complaints and we saw they had reviewed these in August 2017. People using the service and their relatives told us they knew how to make a complaint and said that they felt comfortable talking with care staff or the registered manager. Their comments included, "If I had anything to complain about, I would speak to [the registered manager] and I'm sure they would listen," "No complaints, it's all good. I'd speak to the [care staff] if I wasn't happy about something," "We have seen the complaints procedure but have never needed to use it. If you tell [the registered manager] anything, it's sorted straight away" and "I know there is a procedure but we have nothing to complain about, it's a first-class home and the care is excellent."

We saw the provider maintained a record of complaints and concerns they had received and this included details of their investigation and the outcome. The complaints records showed the provider responded to any complaints in line with their procedures.

The provider, registered manager and care staff supported people at the end of their life to have a comfortable, dignified and pain-free death. The local Foundation Trust's end of life care facilitator commented, "I meet [the registered manager] monthly at Clover Cottage and facilitate a palliative care meeting with him. I have no concerns to share with you at this stage in the management and care of Clover Cottage. The work I am doing with [the registered manager] is about facilitating the end of life journey of his residents that we anticipate are in the last year of their life. My focus is on encouraging [the registered manager] with the advance care planning and anticipating the residents' care needs to avoid inappropriate admissions at end of life. Clover Cottage are supporting deaths in their care home and only on one occasion was a resident sent to hospital. I cannot fault [the registered manager's] engagement and enthusiasm in promoting the journey of his residents. He has arranged training for his care staff and I have facilitated one session so far – that looked at bereavement, grief and celebrating a resident's life. [The registered manager] has requested a further session which will include an element of the 'What's best for Lily' programme (an end of life care teaching film for care home staff)." We saw that, where required, the registered manager had discussed people's end of life care wishes with them and their families and these were recorded as part of the person's care plan.

Is the service well-led?

Our findings

People using the service and their relatives told us they felt it was well-managed. Their comments included, "[Registered manager's name] is the boss, he's in charge and keeps us all in line," "It's a lovely home, I can't think of anywhere I'd rather live," "We looked at many homes and this was easily the best, it's so well run" and "The manager is excellent, he's always available and very easy to talk to."

Care staff commented positively on the way the service was managed. One told us, "I love working here, the manager and owner are amazing and you don't have to worry about asking if you don't know something or you're not sure." A second member of staff said, "It's a great place to work. We all know what we are doing and we work as a team. We get the training and support we need and we can always speak with [the registered manager] if we need help."

The registered manager organised staff meetings and the care staff told us they found these helpful. We saw the last meeting was in January 2018 and the team discussed medicines management, personal care and the laundry. The record showed staff were encouraged to express their opinions and ideas to improve the service and the provider and registered manager acted on these suggestions. For example, they had taken action to improve staff communication and consistency in the way people received care and support.

The registered manager told us, "I started in care by volunteering in January 2011 in a local care home and during my 4.5 years there I worked up to senior, working as activities coordinator, cook, cleaner and night worker. During this time, I completed my NVQ level 2 & 3 in health and social care and then my level 3 Diploma in leadership. I moved on to a mental health unit from there as a senior for less than a year before I was offered my opportunity [at Clover Cottage] as Manager and was awarded my Level 5 Diploma in management for health and social care in July 2017."

The provider and registered manager had procedures in place to monitor quality in the service and make improvements. For example, the registered manager carried out monthly audits of health and safety, medicines management, infection control and the environment. They also maintained a daily record of food temperatures and food storage temperatures, carried out a monthly audit in the kitchen and checked the daily cleaning schedule regularly. The last food safety inspection by the local authority awarded the service five stars, the highest possible award.

The provider, registered manager and care staff worked closely with local healthcare services to ensure people remained stable and developed daily living skills at their own pace. A healthcare professional told us, "Clover Cottage is organised and well-led. [The registered manager] is professional and understanding and we have had no problems at all when visiting patients. In my opinion, Clover Cottage operates with high standards and If I could, I would recommend the home to anyone." A second healthcare professional told us, "I cannot fault [the registered manager's] engagement and enthusiasm in promoting the journey of his residents." A third healthcare professional commented, "Clover Cottage is extremely well-led and the residents' needs are at the heart of the care provided."