

Clover Health and Homecare Limited

# Clover Health and Homecare

## Inspection report

First Floor, Aztec Centre  
Aztec West, Almondsbury  
Bristol  
Avon  
BS32 4TD

Tel: 01454203328

Website: [www.cloverhealthandhomecare.co.uk](http://www.cloverhealthandhomecare.co.uk)

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Clover Health and Homecare is a domiciliary care agency that provides personal care and support to people who live in their own home. At the time of the inspection there were ten people who were receiving personal care.

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

People and their relatives felt safe and spoke positively about the staff. They had confidence in their knowledge and skills. People were supported to take their medicines safely by trained staff. Incidents and accidents were reported, investigated and actions taken to prevent recurrence. Staff had received safeguarding training and knew how to act on any concerns. Competency was monitored through spot checks and supervisions. Staff were provided appropriate personal protective equipment (PPE) which they used effectively to prevent spread of infection.

People benefitted from a service that was well led. The registered manager was knowledgeable and enthusiastic about the service. Quality assurance systems were in place and based upon regular, scheduled audits which identified any action required to make improvements. This meant the quality of service people received was monitored on a regular basis and, where shortfalls were identified they were acted upon.

### Rating at last inspection

The last rating for this service was Good (published 20 September 2018). At this inspection the rating had remained Good.

### Why we inspected

This inspection was carried out as the service had not been inspected since the 29 August 2018. We undertook this focused inspection to check the service was Safe and Well-Led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Clover Health and Homecare on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Clover Health and Homecare

## **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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

The service is a domiciliary care agency which provided personal care to people living in their own homes.

#### Registered manager

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

This inspection was announced. We gave the provider 24 hours notice to ensure they were available for the inspection.

#### What we did before inspection

Before the inspection we reviewed all of the information available to us, including any information of concern, notifications and the provider information return (PIR). 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.

#### During the inspection

We spoke with the registered manager, five staff, two people and three relatives. We looked at a range of records relating to the management of the service. This included recruitment records, risk assessments, medicines records and quality assurance records. We considered all this information to help us to make a judgement about the service.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse

- There were systems in place to safeguard people using the service from the risk of abuse. Relatives told us they felt people were safe with the staff supporting them.
- People felt safe whilst receiving support from care staff. One person told us, "Yes I feel safe. The staff always call out to me through the door before entering. I know it is them when they do this." Another person told us, "I trust them coming into my house. They are very professional."
- The registered manager and staff we spoke with knew how to recognise and respond to potential abuse concerns. This included 'whistleblowing' practices to report concerns to other agencies.
- People and their families confirmed they were provided with information about adult safeguarding and the process for reporting and responding to concerns.

Assessing risk, safety monitoring and management

- The provider identified when people were at risk. This included identifying risks from falls and moving people. The provider carried out an assessment of people's homes to ensure that these were safe.
- Where a person was living with a health condition, the registered manager had assessed how this affected them. They had provided staff with information about the condition.
- The registered manager also conducted home environment assessments to identify potential hazards, such as the use of appliances and fire safety issues. This helped them to make sure the environment was suitable for staff to provide care safely.

Staffing and recruitment

- People and relatives told us that staff timekeeping was good. One relative they told us, "I cannot grumble. They arrive on time and stay for the duration. We are so lucky having a positive experience." One other relative told us, "We have not had any issues with time keeping. Everything is really positive."
- The registered manager told us that they made sure there was sufficient staff to provide people with the care and support they needed. They told us they provided 'hands on care'. They were in the process of recruiting more care staff so they would be able to take on further packages of care.
- The provider had recruited some staff on sponsorship from another country. They had recruited a temporary human resources manager to oversee the recruitment of staff on sponsorship. We were told this had worked well and that the staff spoke good English.
- Safe recruitment processes were in place. These included pre-employment checks such as Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Staff recruitment files were nicely presented and contained the appropriate checks.

### Using medicines safely

- The provider was not supporting many people with medicines. Mostly administration was creams being applied to people's skin. The staff ensured they understood what medicines people took and what support was needed as part of their initial assessment.
- The registered manager checked who was responsible for ensuring that people received their medicines. Staff received training in managing medicines with competency assessments carried out.

### Preventing and controlling infection

- There were suitable processes for controlling infection. Care workers told us they had access to personal protective equipment (PPE) such as masks and gloves and understood the importance of wearing these on each visit.
- Staff were regularly tested for COVID-19 using rapid testing. The provider kept records of staff tests and ensured these were being carried out as part of a regular infection control audit.
- The provider followed the latest guidance from the Department of Health. The staff were kept updated of any changes to guidance and legislation.

### Learning lessons when things go wrong

- The provider had systems in place to learn lessons when incidents or accidents had occurred. There was a process for reviewing incidents, establishing the root cause and putting measures in place to prevent a recurrence.

# 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.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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

- The registered manager had a clear passion and commitment to providing a person-centred service. Most of the people that the staff cared for were receiving end of life care. The registered manager told us they gained as much information as possible about people during their initial assessment. We were told it was important that the staff provided as much person-centred care as possible.
- Staff went with the registered manager to meet people once a package of care was put into place. The staff got to know people well. One person, for example, enjoyed a foot massage which helped them to relax and sleep. Another person was played the Quran by audio whilst receiving personal care.
- People were supported in a sensitive and kind manner. Feedback from relatives was positive and evidenced they felt included and listened to. Relatives spoke very positively about the registered manager and staff. They told us, "As a family we have all got to know the staff well. They are really nice". Another relative told us, "I always check with my mum if she is happy with the care. She enjoys the visits and always looks clean and tidy".

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was also the director of the service. They understood their roles and responsibilities and were involved in the day to day running of the service. They worked closely with staff, including providing direct care when needed. This helped to ensure staff had the required support to deliver a good quality of care and that there was ongoing monitoring to inform future practice.
- The registered manager completed a number of audits regularly. This included the auditing of care records, medicines administration, accidents and incidents and of the call monitoring system.
- People were satisfied with the care they received. One person told us, "We have fallen on our feet with Clover. We have not had any issues, and everything is going smoothly."

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

- The registered manager knew people well. They were involved in all aspects of people's care provision and people told us that they would often speak to them informally to catch up and seek feedback from people. Regular review meetings were also carried out with people.
- Throughout the inspection visit we heard the registered manager speaking to people and relatives. They gave updates regarding the care people received. They also assisted people and relatives to access other



services. They gave advice on how to source equipment for people.

- Newsletters were sent out weekly to staff which helped with communication. This featured information relating to the on call procedure, uniforms, rota's and the latest guidance around COVID-19.
- Regular staff meetings were held to keep staff up to date with the service, updates any changes. Competency assessments, spot checks, supervision and appraisals regularly took place with staff to monitor their performance.

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; Continuous learning and improving care; Working in partnership with others

- The provider understood their responsibility around the duty of candour and of the requirement to notify appropriate agencies including CQC if things went wrong. There were policies and procedures in place to respond to incidents, safeguarding alerts and complaints.
- People and their relatives knew who to contact if something went wrong, however at the time of the inspection, no concerns had been raised.
- The service worked in partnership with other agencies to ensure people received safe and effective care. This included people's GP's, physiotherapists, district nurses, speech and language therapists, hospital discharge teams, social workers and the mental health team.
- The registered manager worked closely with the local authority and commissioners. They attended regular forum meetings where information and the latest local updates were shared.
- The service had taken part in a meeting with other providers related to the current cost of care where feedback was shared with each other.