

Cherish Home Care Ltd

Cherish Home Care Ltd - Sandwell

Inspection report

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27 February 2019

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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:

This service is a domiciliary care agency which provides personal care to people living in their own homes. At the time of our visit 77 people were being supported with personal care.

People's experience of using this service:

We spoke with people who required assistance with their medicines. When asked, everyone said they were happy with the processes for managing their medicines. Although people were happy with arrangements we saw good practice guidance was not always followed. We have made a recommendation about this. People and relatives who used Cherish Home Care Ltd - Sandwell told us they were more than happy with the service provided. They told us staff were committed, kind, caring and reliable.

We were told by people and relatives that Cherish Home Care Ltd – Sandwell was well-led. People and relatives praised the management team for the way in which the service was managed. Everyone we spoke with said they would recommend the service to other people and said they were grateful to be supported by such an efficient and caring organisation.

People told us they felt safe in the care of Cherish Home Care Ltd – Sandwell. They said they were supported by experienced and qualified staff who knew them well. We found risk was appropriately managed and addressed to keep minimise the risk of harm.

People said they were consulted with about all aspects of their care and support. They said they could raise any concerns with the management team and were confident they would be dealt with professionally and in a timely manner.

Staff were aware of their responsibilities in reporting and responding to abuse and said they would not hesitate in reporting any unsafe or abusive practice. Staff told us the registered manager understood the importance of creating a culture where people were free from abuse and harassment.

People said they received effective health care with positive outcomes. They said the staff at the service liaised with health professionals to ensure their health needs were met. We saw evidence of multi-agency working to meet people's health care needs.

Rating at last inspection:

At the last inspection visit the registered provider was rated good. The report was published 22 April 2016.

Why we inspected:

This was a planned and scheduled inspection.

Follow up:

The next scheduled inspection will be in keeping with the overall rating. We will continue to monitor information we receive from and about the service. We may inspect sooner if we receive concerning information about the service.

More information is in the full report.

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 Safe findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Safe findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Safe findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Safe findings below.

Good ●

Cherish Home Care Ltd - Sandwell

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one adult social care inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had knowledge of caring for an older person.

Service and service type:

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

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 visit to be sure the registered provider, staff and people they supported would be available to speak with us.

This inspection visit took place 26 February 2019. Telephone calls were made on 26 and 27 February 2019.

What we did:

Before the inspection took place, we reviewed information we held about the registered provider. This included previous inspection reports and notifications submitted by the provider relating to incidents,

accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people who lived at the home. We also spoke with the local authority contracts and commissioning team and Healthwatch. Healthwatch is a national independent champion for people who use healthcare services. This allowed us to gain information relating to the quality and safety of service being provided. We used this information to help us plan our inspection visit.

During the inspection process we spoke with nine people and ten relatives. We spoke with five members of staff responsible for providing direct care, the registered manager, a director, the business development lead and a care coordinator.

To gather information, we visited the office and looked at a variety of records. This included care records relating to five people who used the service. We also looked at other information related to the management of the service. This included quality audits, records of accidents, incidents and complaints and recruitment files of four staff. We did this to ensure the registered manager had an oversight on the service and to ensure service could be appropriately managed. Additionally, we visited one person at their own home with their consent. We also carried out telephone calls to speak with people who used the service and their relatives to ask them about their personal experiences of Cherish Home Care Ltd – Sandwell.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely

- People told us they were happy with the support they received with their medicines. One relative said, "They do give [relative] their tablets, and we've never had any reason to doubt that it's done correctly."
- Staff who administered medication said they had received appropriate training.
- Although people were happy with the support provided; we reviewed medicines processes at the service and found medicines were not always managed safely and in line with good practice guidance, "Managing medicines for people receiving social care in the community." (National Institute of Clinical Excellence, 2018.)
- The registered provider had developed their own medicines administration record (MAR) and had inputted people's medicines onto the sheet. We noted however, there were no independent checks made to ensure the information added had been accurate. Additionally, when people required medicines on an as and when basis (PRN) no protocols were in place to guide and direct staff to ensure the medicines were administered according to instruction. We fed this back to the registered manager who agreed to take immediate action. Following the inspection visit we received written confirmation that improvements had been made.

We recommend the registered provider consults with guidance to ensure the safe management of medicines.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe whilst being supported by staff. One relative said, "I absolutely believe my [relative] in safe hands with them."
- Staff spoken with said they had access to a safeguarding policy. When asked they had a good understanding of what to do to make sure people were protected from harm. They told us safeguarding processes were embedded within the service and said they would not be afraid to report any concerns to senior management or external sources if required.

Assessing risk, safety monitoring and management;

- Staff understood where people required support to reduce the risk of avoidable harm.
- Care records viewed showed us risk was sometimes appropriately addressed and managed. Risk was considered and addressed within the pre-assessment and was then documented within the person's care plan and risk assessment. The registered provider had considered personal and environmental risk for each person they supported. Although risk had been addressed during the inspection visit we noted good practice guidance for the management of risk of bedrails had not been considered. We pointed this out to the registered manager who took immediate action to correct this.

Staffing and recruitment

- People who used the service and relatives told us they were happy with staffing levels and told us they were not rushed during their visits. Arrangements were in place to cover unplanned staff absence. People told us staff were reliable and said they had never experienced any missed visits.
- Staff told us they had sufficient time to carry out their calls and were not rushed. One staff member said, "We never rush or cram calls. That isn't caring, is it?"
- From records viewed, we saw the registered provider had carried out pre-employment checks to assess the suitability of staff. This had including checking references and carrying out Disclosure and Barring Service (DBS) checks. Although suitable checks were carried out, we found these weren't always consistent. We fed back to the registered manager the importance of carrying out full employment checks, including a person's employment history. They agreed to carry out a full audit of all staff files to ensure all the required information was contained within the recruitment record. Following the inspection visit we received written confirmation this has taken place.

Preventing and controlling infection

- Staff told us there was sufficient personal protective equipment, such as disposable gloves and aprons to maintain good standards of infection control. People confirmed staff wore these when they visited and provided personal care.

Learning lessons when things go wrong

- Accidents and incidents were recorded and reviewed by the registered manager so any trends or patterns could be highlighted and action taken.

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

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People who used the service and relatives told us they considered the staff team to be appropriately trained and skilled to meet their needs.
- The registered manager understood the importance of providing training to meet individual's learning styles and ensured training courses were adapted to meet staff needs. Staff praised the variety and quality of training provided. Feedback included, "I am very happy with the training that has been provided." And, "The training is good here."
- Staff told us they were supported to develop key skills and experiences at the start of their employment through an induction period. This included completing training and shadowing more experienced members of staff.
- Staff told us support in their role continued through their employment. They told us they received regular supervision which included feedback about their performance and enabled them to discuss any concerns, training and development. Staff praised the supportive relationship provided by the registered manager and told us they could be contacted at any time for advice and guidance.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; 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 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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA and found the registered manager had a suitable understanding of the procedure. When people lacked capacity to make decisions we saw action had been taken to consult with appropriate people to support in the decision-making process. Although the principles had been followed we found good practice guidance was not consistently implemented. For example, records of best interest discussions had not been fully documented. We discussed this with the registered manager who agreed to review systems within the service.
- People who used the service told us they were consulted with and were involved in developing their care plan. People had been asked to sign to show they were happy with the record and consented to receiving care and support. Relatives had been consulted with when people lacked capacity to consent for themselves.
- The management team carried out a comprehensive assessment of people's needs prior to offering a service. They did this to ensure the service could meet the person's individual needs. This included liaising

with health and social care professionals whenever appropriate.

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

- Health and social care professionals were consulted with when people had specific health needs. Additionally, good practice guidance had been considered when delivering care and support. This enabled staff at Cherish Home Care Ltd - Sandwell to provide effective, safe and appropriate care which met people's needs and protected their rights.

- People praised the way in which staff worked with other agencies to ensure effective care. One person said, "I'm on a catheter and it got blocked once. I tried to get hold of the District Nurse but I couldn't get through. When my carer came she immediately got onto the office, and the nurse came within an hour. I was very impressed."

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

- Care plans seen confirmed people's dietary needs had been assessed and support and guidance was recorded as required. When people had specific nutritional needs good practice guidelines were included within the care record.

- People we spoke with told us they were happy with the support they received with their meal preparation.

- Staff informed us they had completed food and hygiene training to ensure they had the appropriate skills to handle and prepare food safely in line with good practice guidance.

Adapting service, design, decoration to meet people's needs

- We looked at what arrangements the management team had taken to identify record and meet communication and support needs of people with a disability, impairment or sensory loss.

- We saw Cherish Home Care Ltd- Sandwell adapted the service to meet people's needs. From records viewed we saw the registered provider identified individual specific requirements for people before identifying staff to support them. For example, they looked at people's communication needs and skill matched staff who spoke the same language.

- One person had a sensory impairment, they praised the way in which support was adapted to meet their needs. They said, "They totally understand that they need to explain things that I can't see."

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People told us they were always treated with privacy and respect. Feedback included, "Oh yes They always treat me with privacy and respect." And, "They shower and wash my [family member] with absolute kindness and protect their privacy. They always shut curtains, doors etc. They wouldn't want to embarrass them."
- From records viewed, we saw independence was considered and promoted at all times. We visited one person who received a service from Cherish Home Care Ltd- Sandwell and they told us they were encouraged to remain independent wherever possible.

Ensuring people are well treated and supported; respecting equality and diversity

- People spoke highly of the relationships they had developed with staff. Feedback included, "These are so much better than other agencies, they speak with such kindness and gentleness to my [relative]. They treat them with such care." And, "I've built a good relationship with them, you see the same ones, I'm more than pleased with the way they treat me."
- Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of respecting people's different and diverse needs. Care records seen had documented people's preferences and information about their backgrounds. Additionally, the service had carefully considered people's human rights and support to maintain their individuality. This included checks of protected characteristics as defined under the Equality Act 2010, such as their religion, disability and cultural background.

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

- From records viewed, we saw people or a family member had been consulted with about their care. Care records included people's preferred routines and preferences and what support the person required to remain independent in their own home.
- The management team understood the importance of encouraging people to express their views. They carried out a courtesy call to each person who used the service every month to ensure they were satisfied with the current plan of care. Copies of all feedback was maintained within each person's file. We saw that any concerns were acted upon immediately.
- When people were unable to express their own views and make decisions, the registered manager was aware of the importance of referring to advocacy services to support people.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us there was an emphasis on the provision of flexible person-centred care. This was promoted through people being supported by a team of regular carers who knew them well. One person said, "[Relative] likes things to be the same all the time. That's why they try to keep the same carers going to them.

- Care records viewed showed care was personalised and centred on the individual. For example, care records detailed individual routines for each support visit. This included how people liked their breakfasts preparing and how they liked to be greeted.

- People we spoke with they were encouraged to express their views and wishes. This enabled people to make informed choices and decisions about how they were cared for and at what times suited their individual circumstances. People told us they could speak with the staff at the office and amend support visits if required.

End of life care and support

- The registered manager understood the importance of good communication and multi-disciplinary working when a person was requiring end of life care.

- Staff from Cherish Home Care Ltd – Sandwell had received training to enable them to support people at the end of their lives. Staff spoke compassionately and empathetically about provision of care at the end of people's journeys. One staff member said, "It hurts when we lose someone we have supported but [registered manager] is always there for us."

Improving care quality in response to complaints or concerns

- Everyone we spoke with told us they had never made any complaints and had never had any reason to do so. One person said, "I've no complaints, but they would listen. I just think they're that sort of people who would want to put things right."

- People who used the service were provided with a service user guide which included a copy of the complaints policy. The policy described how to make a complaint and what to do if the complaint was not resolved by the registered provider.

- When complaints had been raised, these were addressed in line with the service's policy.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong, Working in partnership with others

- People, relatives and staff were extremely complimentary about the way in which Cherish Home Care Ltd – Sandwell was managed. Everyone we spoke with said they would recommend them to their friends.

Feedback included, "I would recommend this agency, it seems to be run very well." And, "I'd thoroughly recommend them, they're wonderful. I'm never letting them go."

- The registered manager and management team demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service and outside agencies who were involved in the service. We saw people's wishes had been respected and care re-arranged around people's preferences and requirements. The registered manager said they had previously involved people who used the service in staff recruitment and they were hoping to do this again in the future.

- Staff told us the person-centred ethos of care extended to staff. They said they too were cared for by management. One staff member said, "[Registered manager] is very caring. She looks after us as well. We are very lucky."

- The management team was committed to developing a high-quality service. They did this through networking with other health and social care agencies to ensure care and support was shared and delivered in line with good practice.

- When mistakes had been made within the service, we saw the duty of candour had been applied. The registered manager said they welcomed complaints and feedback as this was used to improve service delivery.

Engaging and involving people using the service, the public and staff

- The service had systems and procedures to monitor and assess the quality of their service. This included quarterly telephone calls with each person who used the service to seek their views on how the service is performing. We reviewed feedback and saw this was predominantly positive.

- Staff told us communication within the organisation was good. They said they were consulted with through supervisions, team meetings and supervisions. In addition, the management team carried out spot checks at people's homes to ensure support being provided was in line with the persons care plan and service policy.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- We found the service had clear lines of responsibility and accountability. The registered manager, management team and staff were experienced, knowledgeable and familiar with the needs of people they

supported. People praised the way in which specific staff had their own roles and how they all worked effectively together.

- The registered manager was committed to providing a quality service. They told us they kept themselves up to date by attending training courses and networking with other professionals. We saw evidence of training they had carried out since the last inspection visit to keep their skills up to date.
- We saw the registered manager had their performance certificate on show and had submitted statutory notifications as required to the Care Quality Commission. This showed us they understood their regulatory responsibilities.

Continuous learning and improving care

- The management team completed a range of quality audits to ensure they provided an efficient service. These for example included, medication, care records and spot checks. When concerns were identified, staff were consulted with and action taken. This meant improvements could be made to continue to evolve and provide a good service for people.