

Cherish Able Care Limited

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Inspection report

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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

This inspection took place on 24 and 25 November 2016 and was announced. We gave the provider 48 hours' notice of the inspection to ensure that the people we needed to speak with were available. At the time of this inspection the service was providing the regulated activity of personal care to 46 people who lived in their own homes.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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 registered manager was also the provider of the service.

The safety of people who used the service was taken seriously and the registered manager and staff were aware of their responsibility to protect people's health and wellbeing. There were systems in place to ensure that risks to people's safety and wellbeing were identified and addressed.

Staff were very motivated and proud of the service. They were fully supported by the registered manager and a programme of training and supervision enabled them to provide a good quality service to people.

The registered manager ensured that staff understood people's care needs and had the skills and knowledge to meet them. People received consistent support from care workers who knew them well. People had positive relationships with their care workers and were confident in the service. People who used the service felt they were treated with kindness. One person recently wrote to the registered manager to praise a staff member who supported them. They wrote, "She was eager to please and do her best. She listened to me and was attentive to my needs. She is a mature, confident professional and an asset to cherish".

People received a service that was based on their personal needs and wishes. Changes in people's needs were quickly identified and their care package amended to meet their changing needs. The service was flexible and responded very positively to people's requests. People who used the service felt able to make requests and express their opinions and views.

The provider was committed to continuous improvement. They demonstrated good values and, a desire to learn about and implement best practice throughout the service. The service demonstrated a good understanding of the importance of effective quality assurance systems. There were processes in place to monitor quality and understand the experiences of people who used the service. The provider encouraged people to provide feedback on the service received. The service made changes in response to people's views and opinions.

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.

Staff had received training in safeguarding so they would recognise abuse and know what to do if they had any concerns.

People received care from staff who took steps to protect them from unnecessary harm. Risks had been appropriately assessed and staff had been provided with clear guidance on the management of identified risks.

People were protected through the services recruitment procedures. These procedures helped ensure staff were suitable to work with vulnerable people.

People were protected against the risks associated with unsafe use and management of medicines.

Staff took measures to protect people from the risk of infection.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who had received sufficient training to meet their individual needs.

People were cared for by staff who received regular and effective support and supervision.

Where necessary, people were provided with a healthy diet which promoted their health and well-being and took into account their nutritional requirements and personal preferences.

Staff promoted and respected people's choices and decisions. The registered manager and senior staff had a good understanding of the Mental Capacity Act 2005 (MCA).

Is the service caring?

Good ●

The service was caring.

The registered manager and staff were committed to providing care that was kind, respectful, and dignified. Person centred care and promoting independence were key principles on which the service was delivered and this was reflected in the day-to-day practice of the service.

People who used the service valued the relationships they had with care workers and expressed great satisfaction with the care they received.

People were pleased with the consistency of their care staff and felt that their care was provided in the way they wanted it to be.

Is the service responsive?

Good ●

The service was responsive.

Changes in people's needs were quickly recognised and appropriate prompt action taken, including the involvement of external professionals where necessary.

People felt the service was very flexible and based on their personal wishes and preferences. Where changes in people's care packages were requested, these were made quickly and without any difficulties.

People were actively encouraged to give their views and raise concerns or complaints because the service viewed concerns and complaints as part of driving improvement.

Is the service well-led?

Good ●

The service was well led

The registered manager promoted strong values and a person centred culture. Staff were proud to work for the service and were supported in understanding the values of the agency.

There was strong emphasis on continual improvement and best practice which benefited people and staff.

There were good systems to assure quality and identify any potential improvements to the service. This meant people benefited from a constantly improving service that they were at the heart of.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

The service re-registered at a new location in May 2016 and this was their first inspection.

One adult social care inspector carried out this inspection.

Prior to the inspection we looked at information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

Before the inspection, we had asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make. We reviewed the information included in the PIR and used it to assist in our planning of the inspection.

For the purpose of the inspection we contacted and spoke with four people who use the service and four staff members. We spent one day with the registered manager. We looked at four people's care records, together with other records relating to their care and the running of the service. This included the employment records of four staff, policies and procedures relating to the delivery and management of the service and, audits and quality assurance reports. The service had recently sent surveys to people who use the service and 23 were returned. The results and comments received are referred to throughout the report.

Is the service safe?

Our findings

The service was safe. People and relatives felt the service provided care and support that protected people. People told us, "I feel 100 percent safe with staff, I don't know what I would do without them" and, "They are very good and know exactly what they are doing, I trust them completely". One relative recently wrote to the registered manager and said, "I was always kept informed and never once worried about mum, I knew she was being looked after".

Staff understood what constituted abuse and knew the processes to follow in order to safeguard people in their care. Policies and procedures were available and training updates were attended to refresh their knowledge and understanding. The registered manager and staff recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse. Agencies they notified included the local authority, CQC and the police.

Staff knew how to keep people safe and were aware of their responsibilities for reporting accidents, incidents or concerns. Written accident and incident documentation contained a good level of detail including the lead up to events, what had happened and what action had been taken. Any injuries sustained were recorded on body maps and monitored for healing. There was evidence of learning from incidents that took place and appropriate changes were implemented. Monthly audits helped staff identify any trends to help ensure further reoccurrences were prevented. If a person had fallen they reviewed the environment to see if risks could be eliminated, for example, by moving furniture, looking at flooring, and reviewing footwear or walking aids. Staff monitored for signs of infection as a possible cause of accidents or incidents.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. The approach of staff was enabling and encouraged people to challenge themselves and remain independent, whilst recognising potential risks and the need for some safeguards. Risk assessments included information about action to be taken to minimise the chance of harm occurring. Some people had restricted mobility and information was provided to care workers about how to support them when moving around their home and, transferring in and out of chairs and their bed. Some people required two staff to assist with their care and support. People and staff confirmed this was managed well by the co-ordinators. Staff did not perform any moving and handling on their own and always waited until their colleague had arrived for any joint visits.

People confirmed that 'in general staff were always on time' and they were contacted if there were any delays. Staff were deployed effectively to meet people's care and support needs. Staff rotas were well managed and planned in advance using a computer software package. This system automatically populated regular visits, and highlighted where gaps in the rota needed filling. Travel time was scheduled in for staff to get from one visit to another. The service covered a fairly small area so that staff could travel between visits easily and maintain their punctuality. Staff confirmed they were allocated sufficient travel time and there were rare occasions when they were late, for example in an emergency or traffic congestion.

Safe recruitment procedures were followed at all times. Appropriate pre-employment checks had been

completed and written references were validated. Disclosure and Barring Service (DBS) checks had been carried out for all staff. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with vulnerable people.

People were responsible for their own medicines where possible, if people needed support with their medicines the systems in place were safe. This was demonstrated through the services' policies, procedures, records and practices. Staff completed safe medicine administration training before they were able to support people with their medicines and, this was confirmed by those staff members we spoke with. Staff were observed on at least three occasions or until they felt confident and competent to do this alone. Practical competency reviews were completed with all staff to ensure best practice was being followed. There had been one minor medicine error in the past 12 months, no one came to harm and the error was dealt with effectively to help prevent a further reoccurrence.

Staff had received training and guidance on safe hygiene and infection control procedures. Staff were provided with protective equipment such as disposable gloves and aprons. Spot checks were conducted to ensure staff were wearing the correct uniform. Long nails, nail varnish and unsuitable jewellery were not allowed. This was not only because they could cause injury to people but because long nails and items of jewellery could harbour germs.

Is the service effective?

Our findings

The service was effective. The registered manager ensured staff were equipped with the necessary skills and knowledge to meet people's physical and psychological needs. Staff confirmed that the induction and subsequent training they received was effective. New staff worked with senior staff to assist with continued training throughout the induction process. Staff did not work alone until they felt confident within the roles they were to perform.

Training and development opportunities were tailored to individual staff requirements. Staff told us they felt encouraged and supported to increase their skills and gain vocational qualifications. In addition to mandatory courses, staff accessed additional topics to help enhance the care people received. This included dementia awareness, supporting people in end of life care, and nutritional awareness. Staff were asked for feedback on all training provided to ensure it was meaningful and effective. One staff member told us, "I particularly enjoyed the training on dementia. It's helped me understand the condition and how I can best support people".

The service had a small, steadfast group of staff. They felt supported on a daily basis by the registered manager and other colleagues. Additional support/supervision was provided on an individual basis. Staff liked the opportunity to talk about what was going well and where things could improve, they discussed individuals they cared for and any professional development and training they would like to explore.

The provider had policies and procedures on the Mental Capacity Act 2005 (MCA). The MCA is legislation that provides a legal framework for acting and making decisions on behalf of adults who lack capacity to make some decisions. Information in people's care records showed the service had assessed people in relation to their mental capacity. The registered manager and staff had a good understanding of the MCA and their responsibilities. Staff were clear when people had the mental capacity to make their own choices, and respected those decisions. Staff understood how to implement this should someone not have capacity and how to support best interest decisions. This included those decisions that would require a discussion with family, and possibly other significant people, for example health and social care professionals.

People were provided with support to eat and drink where this had been identified as a care and support need during the assessment process. The exact level of support a person needed was recorded in the care plan. Staff reported any concerns they had about a person's food and drink intake to the registered manager and subsequent referrals were made to the GP for guidance.

Staff were available to support people to access healthcare appointments if needed and, they liaised with health and social care professionals involved in their care if their health or support needs changed. People's care records included evidence that the agency had supported them to access district nurses, occupational therapists (OT), dieticians and other health and social care professionals based on their individual needs. One person spoke with us about how the service had supported and arranged an OT assessment for them and as result they were having ceiling hoists fitted to aid mobility around their home. They told us, "There is a waiting list for the hoists but I am so grateful for all they have done to make this happen. I can't praise

them enough".

Is the service caring?

Our findings

The service was caring. We received and read lovely comments from people and their relatives. People told us, "They are brilliant, always respectful and have time for me, I look forward to their visits so much" and, "Staff are so friendly and happy. They are obviously very committed to what they do and enjoy it". Letters from relatives conveyed the utmost satisfaction. Comments we read included, "I cannot find the words to express my gratitude for the way all care staff looked after my mum. They all went over and above the call of duty and took the weight off my shoulders. The care was exceptional" and, "I work with many organisations and have seldom come across people who demonstrate such dedication and attention".

Staff were motivated and inspired to offer care that was kind and compassionate. They were positive and enthusiastic about the service they provided and in return they 'felt job satisfaction'. We read some comments they had made whilst in supervision sessions. These included, "I love my job it was the best move for me", "I love supporting and serving others", "I like when you go home and you know you have done your very best and good for others" and, "The best thing is when you have helped people and the satisfaction when you have done a good job".

Positive, caring relationships had been developed with people and their families. When a care package started people were introduced to the staff who would be visiting them. Continuity of staff to individuals was an important asset to ensure consistency wherever possible. People appreciated the efforts of the registered manager when co-ordinating this. Staff were highly thought of by people who used the service and their families. One relative wrote to the service expressing their thanks. They said, "I met a number of your team over the past six months and found them to be professional and always happy to talk and listen to my mother. They treated dad with both compassion and care and he appreciated the attention he received".

The results from satisfaction surveys were equally positive and individual staff members were named in comments received praising them as, 'excellent, hardworking, committed, lovely and caring'. People wrote, "The ladies are marvellous to me always kind, helpful and attentive. Never intrusive or condescending in attitude and treat me like a human being" and, "I like the way the carers respond to each other's needs as well as those they care for. It makes for good feeling and a happy relationship all round".

Staff were respectful of people's privacy and maintained their dignity. They told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person's safety, for example if they were at risk of falls. Their practice was monitored and observed during spot checks when they were in people's homes. Staff were mindful that they were privileged visitors and respected this.

The service supported people when receiving end of life care. They received heartfelt thanks from relatives following the death of loved ones. Written compliments included, "Thank you for all your help and support looking after mum. Your team efforts allowed her to stay in her own home until the end of life, for which she was eternally grateful" and, "Thank you so much for the excellent care, you gave, quite simply without you he would have gone to a care home. With your help, he was able to stay in the home he built, very much

loved and cared for, amongst family and friends".

Staff supported the 'whole family' when providing care and support to an individual particularly those living with the client. They had built positive relationships based on trust and mutual respect. This helped to support sensitive, emotional situations when people were receiving end of life care. Bonds were built between staff, spouses and family members and staff genuinely cared about them all. Staff also recognised the feelings of loss that people felt after the death of their loved one and that they would also miss their visits to their home. Where this was the case staff made every effort to stay in touch with spouses/family when they had lost a loved one to help reduce those feelings. One relative recently wrote to the registered manager and said, "I am impressed that a number of the team have been in contact with mum since dad's death, again demonstrating that to them being a carer is more than a nine to five job. Please do pass on my personal thanks to everyone involved".

The registered manager spoke with us about how they had supported a spouse who had recently lost their loved one to dementia. They helped them to organise a fund raising cake sale event for an Alzheimer's charity. Staff donated cakes and the agency advertised and facilitated the event for people in the local community. In addition the agency donated money to the event. It was a great success and helped to raise awareness about dementia for those people who had not experienced this condition.

The registered manager wrote in the PIR, "We ensure end of life care and support is provided with compassion and respect to the people who use our service and those that matter to them. There is a co-ordinated approach working collaboratively with the service user, their families, palliative care specialists and other health and social care professionals. We ensure we know people's wishes, that they are comfortable, respected and their dignity observed at all times". One staff member told us, "Providing end of life care is something I am particularly proud of. It's important for us that people receive the best possible care to the very end".

Is the service responsive?

Our findings

The service was responsive. People told us they were, 'happy and very satisfied' with the care and support they received. They confirmed the registered manager completed a thorough assessment when they were considering using the service. In addition people were supported to invite significant others to be part of the assessment. This included family, hospital staff, GP's and social workers. The information gathered was detailed and supported the registered manager and person to make a decision as to whether the service was suitable and their needs could be met.

The approach to care was person centred and holistic and included the support people required for their physical, emotional and social well-being. The care plans were informative and interesting. They evidenced that people had been fully involved in developing their plans and how they wanted to be supported. People confirmed this when we spoke with them, comments included; "They are always asking me how I want things done", "When I started using the agency they asked me lots of questions about how I wanted to be supported" and, "They often meet with me to check if I want to change anything, but I'm more than happy with the help I receive". Staff told us there were good communication systems in place to help promote effective discussions, so that they were aware of people's needs and any changes for people in their care. This included daily handovers, staff meetings and written daily records.

People had taken time to provide and share specific details about preferred daily routines and what level of assistance they required and this was reflected in their records. Information was detailed and would help ensure that person centred care was promoted and respected. Information contained the level of support needed whilst at the same time promoting independence and respecting people's wishes.

People's changing needs were responded to quickly and appropriately. Staff recognised when people were unwell and reported any concerns to a person in charge. We heard examples where continuous daily evaluation helped identify deterioration in people's health, where needs had changed and intervention was required. This included things such as treatment for infections, review of medicines and assessment for equipment in their homes. One relative recently wrote in their satisfaction survey, "We would like to say how good mum's carer is, she gets things done and is confident to arrange appointments including with the district nurse which is extremely helpful".

Staff used a telephone monitoring system linked to the agency's computer system to log in when they arrived at each visit, and again before they left. This helped ensure staff stayed for the allocated, funded time. Staff consistently told us they had enough time to complete their support without rushing. Staff shared with us examples where it had been identified there was not enough time to meet people's needs and this had been responded to and actioned. On other occasions, especially where people's health and well-being had improved, allocated funded time had been too long. In both scenarios the registered manager had taken the appropriate action and additional time had either been allocated or reduced.

The complaints policy and procedure was provided to people when they started using the service and kept in a folder in their homes. It helped people understand how to express what they were feeling and what they

could do if they had any concerns. The registered manager and staff encouraged people to express any concerns or anxieties and dealt with these promptly. They felt that this approach prevented concerns escalating to formal complaints from relatives and relieved any anxiety that people may be feeling.

Is the service well-led?

Our findings

People received care and support from a well-led service. The service had developed and sustained a positive culture. The PIR stated, "We promote a positive culture in our organisation by fostering and promoting an environment that is open to people's views/feedback. Staff are encouraged to challenge practice and we learn from our errors and use them as a positive to enable us to better our service and provide high quality care". Throughout the inspection we saw and heard positive experiences from both people who use the service and staff which we have referred to throughout the report. Additional comments included, "I would not hesitate to recommend Cherish, they have been a total life saver" and from staff, "I love supporting and serving others" and, "We are very happy with the service and often recommended to others".

There was a strong emphasis on continually striving to improve the service provided. The PIR stated, "Our aim is to continually strive to improve our service by reviewing, recognising, promoting and regularly implementing innovative systems in order to provide and sustain high quality of service". The registered manager was very proud to speak with us about how they had successfully obtained the gold standard Investors in People (IIP) status this year. This was a great achievement for the service and they had worked hard for this recognition.

IIP is national initiative that assesses organisations using a framework of best practice in management standards. The development framework is designed to help organisations achieve real improvement through its people. It's about getting things right and not merely a tick box exercise. Organisations that meet these standards are awarded IIP status, which is then regularly reviewed to ensure these standards continue to be met. At the next inspection we look forward to hearing about the impact this has had for everyone who uses the service and how this accreditation has helped improve and sustain the quality.

The registered manager promoted and encouraged open communication amongst everyone that used the service. People told us they were always able to contact staff in the office if they needed to speak with someone and the service maintained regular contact. Monthly phone calls were made to people to check if they were happy with everything and whether there were any problems. The PIR stated, "We encourage and support open communication with our service users, those that matter to them and staff by promoting and using various methods. This includes telephone, face to face, email, postal, meetings and through our website. This enables and promotes a joined up approach to care".

The registered manager recognised positive traits in all staff and how these could be used to have the best positive impact for everyone. This approach had helped identify staff who wanted to extend their roles and responsibilities to further enhance the service they provided. Staff members had taken individual lead roles and become champions (experts) in dignity, dementia and mental health awareness. These roles had helped ensure the service was up to date with current best practice and legislation. The leads attended events and additional training and, delivered learning sets for staff about these particular subjects.

Everyone attended staff meetings as an additional support, where they shared their knowledge, ideas, views

and experiences. The minutes of the meetings gave details about what was discussed and provided information of any action that was required. Staff newsletters also provided staff with updates on policies, procedures, new staff, staff performance, training and events.

To ensure the service kept up to date with relevant changes relating to good practice, the provider attended regular forums with other providers and registered managers. They ensured they had effective working relationships with outside agencies such as the local authorities (South Gloucestershire Council and Bristol City Council), district nursing teams, GP practices, the safeguarding and DoLs teams and CQC.

There were various systems in place to ensure services were reviewed and audited to monitor the quality of the service provided. Regular audits were carried out including health and safety, environmental factors, care documentation, staffing levels, training, staff supervision and medication. Action plans were developed identifying improvements/changes that were required.

The registered manager and senior staff knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received notifications from the provider in the 12 months prior to this inspection. These had all given sufficient detail and were all submitted promptly and appropriately. We used this information to monitor the service and ensure they responded appropriately to keep people safe and meet their responsibilities as a service provider.