

Cherry Care Services Oxfordshire Ltd

Cherry Care Services Ltd

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

We inspected Cherry Care Services Ltd on 1 February 2017. Cherry Care Services are a domiciliary care agency based in Witney. They provide support and personal care to people living in their own homes. At the time of this inspection 24 people were supported by the service.

There was a registered manager in post at the service. 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.

Staff understood how to protect people from potential abuse and they were aware of the whistle blowing policy. The risks to people's well-being and safety were assessed and managed appropriately. Where required, management plans were in place to manage and mitigate the risks. People received their medicines as prescribed.

The provider had implemented satisfactory systems to recruit and train care workers and ensured that relevant checks and references were carried out. Staff were well supported and skilled to carry out their roles effectively. The provider ensured staff attended additional training to care for people that were affected by a specific health condition such as compromised swallowing or diabetes. The number of staff employed by Cherry Care Services was sufficient to meet the needs of the people they supported.

Staff understood the Mental Capacity Act (MCA) and applied its principles in their work. The MCA protects the rights of people who may not be able to make particular decisions themselves. The registered manager ensured the rights of people in relation to making their own decisions were respected. People were supported to access healthcare when needed and we received excellent feedback from external professionals involved with people who were supported by Cherry Care. People were supported to meet their nutritional needs if required.

Staff knew people well and understood their individual needs. Staff ensured they supported people in a way that met their needs. People benefitted from staff that were enthusiastic about their roles and committed to their job. People were supported by staff that respected their privacy and dignity and promoted their independence. People were involved in making decisions about the support they received. People's care plans were detailed and regularly reviewed.

People knew how to raise concerns and complaints and told us the registered manager ensured any concerns were dealt with promptly before escalating to a complaint. People and staff said the registered manager was approachable and supportive. The registered manager and the team promoted an open, positive and transparent culture. The provider had systems in place to monitor the safety and quality of the service.

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.

Risks to people's well-being and safety were identified, assessed and recorded.

Systems were in place to protect people from harm and abuse.

Provider ensured safe systems for the management of medicines were in place and people received their medicines as prescribed.

Provider ensured safe recruitment procedures were followed and there were enough staff to support people.

Is the service effective?

Good ●

The service was effective.

Staff had necessary training to ensure that they were competent and able to carry out their roles effectively.

People's rights in relation to Mental Capacity Act were respected and staff were aware how to support people in line with the legislation.

People were supported to have access to healthcare when needed.

People were supported to meet their nutritional needs if required.

Is the service caring?

Good ●

The service was caring.

People complimented the compassionate nature of the staff.

People's dignity and privacy was respected.

People were supported in a way that met their needs.

People told us their confidentiality was respected and

independence promoted.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care plans were detailed and current.

Staff had a good knowledge and understanding of people's needs.

Provider had a complaints policy and complaints were responded to appropriately.

Is the service well-led?

Good ●

The service was well-led.

People and staff told us the registered manager was approachable and supportive.

There were systems in place to monitor and assess the quality and safety of the service provided.

The team promoted open and positive culture.

Cherry Care Services Ltd

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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and 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 1 February 2017 and was announced. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in. The inspection team consisted of one 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.

Before the inspection, we looked at notifications we had received. Services tell us about important events relating to the care they provide using a notification. This enabled us to ensure we were addressing potential areas of concern. We also contacted the local authority commissioners of services and nine external professionals who worked with people who used the service to obtain their views.

We telephoned four people and two relatives to obtain their feedback about the service. We also spoke with three care workers, the care co-ordinator and the registered manager. We looked at four people's care records, four staff records including training and recruitment information and at a range of records about how the service was managed.

The day after our inspection at the provider's office we also visited four people who received service from Cherry Care. This was agreed with people prior to us visiting them. We did that because we were testing new and improved methods for inspecting 'Care at Home' (CaH) services. CaH services include domiciliary care agencies, supported living and extra care housing services. Care Quality Commission were piloting a new methodology and we checked how we could improve the way of obtaining feedback from people and their relatives.

Is the service safe?

Our findings

People told us they felt safe when staff visited them. One person said, "Oh definitely safe". One relative told us "My [person] feels safe with his carer".

Provider had safeguarding policy in place as well as copy of the Local Authority's safeguarding procedures. Staff we spoke with were aware of safeguarding people and their responsibility to report any concerns. One staff member told us, "I'd report to manager and they would take action". Another staff member said, "I had a (safeguarding) training, I'd report to manager who'd then raise an alert".

People's individual risks in relation to their care needs such as mobility, skin integrity or manual handling were assessed and recorded. For example, one person used a hoist for all their transfers. The person's risk assessment gave clear guidance to staff on how to safely assist the person. The risk assessment included the date when the equipment was last serviced. We also noted the person's file contained a copy of the risk assessment carried out by the occupational therapist.

People told us they received their medicines when required. One person told us, "My medication is given safely, my carer makes sure I have taken it". One relative told us, "Yes they make sure [person] takes her medication". Records confirmed staff received training around management of medication. We viewed examples of people's medicines administration records (MAR) and we saw these were completed fully and there were no gaps. This meant people received their medicines as prescribed.

There were sufficient staff to meet people's needs. Where two staff were required to support people this was consistently maintained. The registered manager told us they monitored closely the number of people in their care. They felt with keeping the number of people to below a certain limit they were able to ensure they provided good continuity of care and they told, "There is a personal touch".

People told us they felt there were enough staff to meet their needs and people said they benefitted from seeing the same staff. Comments included; "I get the same carer and she is very respectful", "Same people coming" and "We get to see mostly two carers". One of the external professionals commented, "Manager always took time to ensure she allocated the right carer for the job".

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the service. These included employment references and Disclosure and Barring Service (DBS) checks. These checks identified if prospective staff were of good character and were suitable for their role. This allowed the registered manager to make safer recruitment decisions.

Provider had a system to record all accidents and incidents. Blank accident forms were available in people's files. Records showed five accidents were recorded within the last year and appropriate action had been taken when required. For example, one person suffered a fall, the staff arranged for the person to be checked by the emergency services. Another person fallen when attempting to transfer themselves, the staff arranged for a referral to an occupational therapist to review the person's mobility and a need for a new

equipment. People told us staff helped them when needed in an emergency. One person said, "One day I had fallen from my wheelchair and they called an ambulance and stayed with me".

Is the service effective?

Our findings

People and their relatives complimented the staff and told us staff were well trained and knew people's needs. Comments included, "[Staff] knows what she is doing", "Carers have been specially trained to manage [person's] diabetes, it was a requirement by the council, they are very good they check his bloods", "[Person's] carer knows what she is doing" and "They're wonderful, because of their help I can stay at home". One of the external health professionals said, "Manager is very supportive of her carers and ensures they receive the right training to do their job efficiently".

Staff told us and records confirmed staff received training relevant to their roles. The training included dementia, safeguarding, moving and handling, health and safety and infection control. The staff also completed additional training if required to meet people's specific needs such as stoma care (a stoma is a bud-like structure, which is situated on the surface of the person's abdomen), assisting with nutritional needs where people had compromised swallowing or application of pressure relieving stockings. Staff complimented the training, one member of staff said, "If I am going to look after a patient who is diabetic, they will send us for an extra training. We had client's specific training for anything that's outside normal induction".

Staff were well supported and received supervision in line with the provider's policy. Supervision is a one to one meeting with their line manager. Staff told us they felt well supported by the management. One member of staff said, "We receive regular supervision". Another member of staff said, "I had my one to one, I am always welcome to come to the office, only need to text or call the manager".

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. We checked if the provider worked in line with these principles.

People told us the staff involved them in making decisions about their care and support. We observed one member of staff assisting a person with their lunch. They served the person a meal of their choice and asked the person, "Would you like some ketchup?" The person looked at the member of staff and smiled and the member of staff went on to say "Silly question". The member of staff then went to get the bottle of ketchup. This meant they knew the person well but still offered them choices. After the person finished their meal the member of staff offered them a choice of pudding and asked the person, "Would you like your pudding now or later?" We observed the member of staff brought a choice of puddings from the kitchen to the person's lounge to make it easier for the person to decide which pudding they wanted to eat.

Staff told us how they ensured they applied the MCA in their work. One member of staff told us, "You give people choices, you work around their abilities and ask for choices". People's care documentation highlighted the importance of respecting people's choices. One person's care plan said, "If [person] is not ready to go to bed leave her downstairs as she can go upstairs when ready". One of the external health

professionals said, "From the experiences I have had with the carers from Cherry Care, they have always shown respect to their clients and allowed them to make their own choices following the ethos of the Mental Capacity Act".

People were supported to meet their nutritional needs if required. People's care plans reflected people's nutritional needs and preferences. For example, one person's care plan said, "[Person] may occasionally forget their meals so please encourage them to eat".

People were supported to access health services when needed. One relative said, "They monitor [person] and call me or the doctor if they are concerned". One of the external professionals commented, "They support people to access the correct health care and suggest alternatives if required".

Is the service caring?

Our findings

All people and relatives we spoke with complimented the caring nature of the staff. Comments included, "They are excellent, kind and caring, nothing they could do better, I could not be happier", "Wonderful, I could not have better carers", "I have the two best carers in business", "I am very lucky, they spoil me" and "They have a good rapport, she (carer) talks to [person] and tells him what she is doing".

The feedback we received from external professionals also reflected the professional and caring nature of the service. One professional told us, "They provide a person centred care as they apply the care around the individual clients by ensuring that the times they visit the client is suitable for that client not for the agency. They are aware of the family as a whole not just the client they are caring for and work with the family for optimum effect". Another professional said, "I believe that the staff are respectful of people's differences and understand equality and diversity and aim to get the best care for that person. They communicate with patients sympathetically in a non-judgemental manner".

People and their relatives told us they were able to form caring working relationships with staff. Comments included, "They are professional but also treat my [person] like a friend", "They do a very good job, they make the relationship special, she (staff) is conscious of family dynamics" and "They (staff) became friends". Staff were enthusiastic about their work and they spoke about their jobs with pride. Comments from staff included, "You're doing the job you enjoy. Make sure people are happy, it's how you would want someone to care for your relative or you. I'd be happy for this company to care for my family" and "It takes a special person to be a carer, it's a job you need to want to do". Staff knew people very well and knew what was important to them. For example, one person really wanted to have a pet but they couldn't because of the rules of their accommodation. The staff told us how they arranged with the person and their family that they were going to bring a puppy. The member of staff showed the person the picture of their puppy and explained they were going to arrange the visit as soon as the puppy was trained.

Staff ensured they considered communication needs when people had difficulties expressing their wishes. For example, one person was unable to communicate verbally and the person's care plan gave clear instruction how to communicate effectively with the person. We visited the person in their home and asked them whether they felt the staff communicated with them effectively. The person smiled and showed us thumb up. We also saw the person had their alphabet board handy which they used to spell the words out by pointing out at the letters. This meant the staff considered people's individual needs and ensured people received personalised approach that met their needs. One external professional said, "I believe the staff are respectful of people's differences and aim to get the best care for that person. They communicate with patients sympathetically in a non-judgemental manner".

People told us their dignity and privacy was respected. One person told us, "They shower me and are very competent, they will make sure my dignity is respected by covering me when possible". Staff gave us examples of how they protected people's dignity, "Make sure curtains are drawn, wash top first, keep bottom half covered, ask if they feel at ease, make sure people are not exposed" and "If the person is about to be toileted and there is family I'd excuse them to protect person's dignity". One member of staff was nominated

by a relative for a Dignity in Care Award 2016 for Age UK in Oxfordshire". We saw the certificate displayed in the office which said that values such as "Respecting and valuing me as an equal. Meeting my basis and human needs, listening to me" formed the scope of the award.

People's independence was promoted and people were involved in their care. One person told us, "We decide together if I have a strip wash or shower. If it's a shower I do that myself, they just support me if it's needed". Another person said, "They don't take my independence away they just support me". People's care plans highlighted the need to keep people involved and independent. One person's care plan read, "Always explain what you are about to do before you start, person should not be rushed".

People were cared for by the staff that knew how to maintain people's confidentiality. A member of staff told us, "If people get to know us they share more things. When people ask where I am going next, I'd say for example, I am staying in Witney area (without giving the details of the next visit)". People's care files and records were kept in their homes. Duplicate records were kept securely in the provider's office. People commented positively about staff knowing how to remain confidential. One person said, "They're always very discreet".

The provider also cared for people when they reached their end of life. There were no people receiving end of life support on a day of our inspection. One person suffered from a neurodegenerative condition and their family told us, "We were recommended Cherry Care by the hospice". One of the external professionals said, "Cherry Care were always my first choice of agency when looking for carers to support people at home for end of life care".

Is the service responsive?

Our findings

The registered manager ensured people's needs were assessed before they were supported by the service. Where people were referred to the service by the local authority the service obtained the assessments. This information was used to create personalised care plans. People told us about their initial assessments. One person said, "We were recommended Cherry care and the manager came almost immediately (to assess me), she was so charming and so lovely, she arranged for my care package to start as soon as possible". One relative said, "We had assessment before care started".

People's care files contained information about people's health needs, preferred names and times of visits. People's care documentation contained information about the level of support required on each visit and guidance to the staff what support was required. People's records gave details about their wishes and preferences. For example, one person's care plan read, "Female staff only". We asked the person whether they had only female staff allocated and they confirmed they had. People's care plans were reviewed when people's needs changed. One of the external health professionals told us, "I have seen care plans in place at home and feel the carers do know their patients well. I have sourced care from this care agency with very little notice and they have always been able to deliver, even for very complex patients".

People told us they received the care they needed and the service responded well to people's changing needs. One person said, "It is all going as well as can be expected my carer is kind, conscientious and organised and responds to my needs very well, it saves me having to go into a care home". Another person said, "I have immense confidence in them, I couldn't possibly be out of hospital without them". Other comments included, "I am perfectly happy and can't think of anything they could do better", "Once I had a problem and they came outside the usual visit time. They came immediately and addressed the concern for me. It's good to know they can take over more care for me in case my partner is unable to care for me".

Details of how to raise issues and complain were provided for all people and their families. The provider had a system to log complaints but there were none received. People told us any concerns were dealt with promptly. One person said, "If only I have any concerns I need to pick up a phone". One relative said, "We can't complain at all, I think they've been first class. I sent complimentary letters before". One external professional told us, "If there were ever any concerns [registered manager] would always deal with it immediately and on one occasion changed a carer because there was a clash of personalities".

People's compliments were recorded. The compliments folder held numerous thank you cards and letters with very positive comments received from people and their relatives. On the day of our inspection we saw staff collected thank you cards and tokens of gratitude left by one family of a person who passed away a few weeks before. The registered manager told us the family brought gifts for all staff that were involved with the person to express how grateful they were for the care provided.

People's views were sought and people had opportunities to feedback to the registered manager about the quality of the service received. We viewed the results of the last quality survey and we noted overall very positive comments were received. Some people commented that quality of care was beyond what required.

The registered manager also carried out spot checks and reviews with people and was looking at ways of how to evidence her frequent contact with people over a telephone as another layer of quality assurance. People and their relatives told us they felt the quality of the service was monitored closely and the registered manager sought their feedback. Comments included, "The manager does spot checks now and again", "We filled surveys" and "Manager is proactive rather than reactive".

Is the service well-led?

Our findings

The leadership at the service was provided by the owner of the company who was also a registered manager. The registered manager told us she decided to set up her own caring company following a personal experience of using a care provider some years ago. The registered manager led by example and told us they felt their team was very good and they worked well together. They told us, "When a member of staff is unable to cover a visit they will let me know they can't make it and already will let me know who's going to cover it".

People and their relatives were very complimentary about the service and how it was run. Comments included, "I don't have much contact with the office but this is my choice, they only contact me if necessary and it works very well. The fact that they don't contact me for every little thing shows they are professional and I am able to trust them", "They are like a breath of fresh air such a good company" and "To have this care is the best thing we could hope for we can't repay them for the kindness they all show".

The feedback from external health professionals was also exemplary. Comments included, "Cherry Care have always been a pleasure to work with", "This is a wonderful team of professionals and I do recommend them to people if asked for a good caring agency. The team are very caring and professional at all times" and "I have been working with this care agency for many years and have not had any problem in getting hold of the manager. I have been able to openly discuss any concerns and have received a fair hearing with a full focus on customer care and effective service. Any suggestions have been welcomed and utilised. I have found the manager to be proactive in her communication if patient's needs change or there are any concerns which need attention".

The provider had a whistle blowing policy in place that was available to staff. Staff we spoke with were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening. Staff also were aware how to report any safeguarding concerns to outside agencies. Staff comments included, "I'd go to safeguarding team myself or social services, family or West Oxfordshire District Council" and "Whistle blowing is about reporting anything we're concerned about, also anonymously".

Staff complimented the team work and staff morale. Staff told us the registered manager promoted an open and transparent culture. When we spoke to staff one staff member said, "I would not say anything that I'd not say to the manager". That meant the staff felt they could go to the manager with all concerns and issues. Staff told us there was no culture of blame and there was a good communication between the team. One member of staff told us, "If there is a potential for something to go wrong we'd all communicate to prevent it".

The registered manager had arrangements in place to monitor the quality and safety of the service provided. Completed medication charts were returned to the office at the end of each month and audited by the registered manager. They also had a review matrix plan in place to ensure people's care plans were reviewed in a timely manner. They identified actions where required and ensured these were followed up.

For example, following the last survey they identified people were not familiar with extra services that the service offered, such as housekeeping or shopping service. They had an action plan to improve people's awareness of this. The registered manager was also looking at ways of creating a one document that would give them an overview of the information gathered during audits. The registered manager told us that with the current, small number of people they had a good overview however they were aware this needed to be formalised if they decided to increase the number of people using the service.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

The registered manager worked closely with other organisations such as local social services teams, hospice's and various health professionals. Cherry Care were a member of the Oxfordshire Association of Care Providers (OACP). This gave them opportunity to participate in information sharing events, benefit from training sessions and meet with other social care organisations. One of the staff was nominated by the relative of a person who used the service for one of the Oxfordshire Care Awards. The ceremony, held in November 2016 was Oxfordshire's first social care awards event recognising quality care, support and leadership in the local social care sector. The representative from Cherry Care was recognised as 'highly commended' in "The Home Care Worker Award" category.