

Cherry Care Services Limited

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Inspection report

Unit F22, Moulton Park Business Centre
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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 

Overall summary

This domiciliary care inspection took place over two days on 18 and 23 December 2015.

Cherry Care Services is a small domiciliary care agency that provides care and support to adults that live at home in Northamptonshire.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social care Act 2008 and associated regulations about how the service is run.

People were supported in their own homes by trained staff that were able to meet people's needs safely. There were sufficient numbers of staff employed to meet people's assessed needs.

People were protected from the risks associated with the recruitment of staff by robust recruitment systems and appropriate training. Risk assessments were in place to reduce and manage the risks to people's health and welfare.

People's care plans reflected their needs and choices about how they preferred their care and support to be

Summary of findings

provided. Staff were caring, friendly, and responsive to people's changing needs. Staff were able to demonstrate that they understood what was required of them to provide people with the care they needed.

People were treated with dignity and their right to make choices about how they preferred their care to be provided was respected. People had been kept informed in a timely way whenever staff were unavoidably delayed, or when another member of staff had to be substituted at short notice.

People's rights were protected. People knew how to raise concerns and complaints. Complaints were appropriately investigated and action was taken to make improvements to the service when this was found to be necessary.

There were systems in place in place to assess and monitor the quality of the service. People's views about the quality of their service were sought and acted upon.

Summary of findings

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.

People were protected from unsafe care. Risks had been assessed and appropriate precautionary measures were taken when necessary to protect people from harm.

People received care and support in their own homes by suitable staff that had been appropriately recruited.

Good



Is the service effective?

The service was effective.

People received a reliable service. Contingency staff arrangements were in place to ensure the continuity of the service when staff were sick or on holiday.

People received care and support in their own homes from staff that were supervised and knew their job. Communication between staff and people regarding unavoidable delays or other changes to their service was timely and appropriate.

Good



Is the service caring?

The service was caring.

People were individually involved and supported to make choices about how they preferred their agreed day-to-day care. Staff respected people's preferences and the decisions they made about their care.

People received their service from staff that engaged with them, encouraging and enabling them to be as independent as their capabilities allowed.

People were treated kindly, their dignity was assured when they received personal care and their privacy respected.

Good



Is the service responsive?

The service was responsive.

People's care plans were individualised and where appropriate had been completed with the involvement of significant others.

People's care needs were assessed prior to an agreed service being provided. Their needs were regularly reviewed with them so that the agreed service met their needs and expectations.

Appropriate and timely action was taken to address people's complaints or dissatisfaction with the service provided.

Good



Is the service well-led?

The service was well-led

People's quality of care was monitored by the systems in place and timely action was taken to make improvements when necessary.

Good



Summary of findings

People benefited from being supported by staff that had the managerial support they needed to do their job.

Cherry Care Services Limited

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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This announced inspection was carried out by an inspector and took place over two and a half days on 18 and 23 December 2015. With domiciliary care agencies we can give the provider up to '48 hours' notice of an inspection. We sometimes do this because in some community based domiciliary care agencies the registered manager is often out of the office supporting staff or, in some smaller agencies, providing care.

Before our inspection, we reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During this inspection we visited the agency office. We met and spoke with three care staff and the registered manager. We reviewed the care records of five people who used the service. We looked at three records in relation to staff recruitment and training, as well as records related to the quality monitoring of the service.

We took into account people's experience of receiving care by listening to what they had to say.

We visited three households with people's prior agreement. With people's permission, we looked at the care records maintained by the staff that were kept in people's own homes. We also spoke with four people over the telephone to ask them about their experience of using the service.

Is the service safe?

Our findings

People were protected from unsafe care. Individualised care plans and risk assessments were in place that ensured people were safely supported according to their needs. A range of risks were assessed to minimise the likelihood of people receiving unsafe care. Care plans contained an assessment of the person's needs, including details of any associated risks to their safety that their assessment had highlighted. Care plans were reviewed on a regular basis to ensure that pertinent risk assessments were updated regularly or as changes occurred.

People were protected from harm arising from poor practice or ill treatment. Staff understood the roles of other appropriate authorities that also had a duty to respond to allegations of abuse and protect people. There were clear safeguarding procedures in place for staff to follow in practice if they were concerned about people's safety. They understood the risk factors and what they needed to do to raise their concerns with the right person if they suspected or witnessed ill treatment or poor practice.

People were kept advised of staff changes or delays in staff arriving to care for them due to unavoidable

circumstances, such as heavy traffic. One person said, "They [Staff] always phone me if things 'crop up' and they are running a bit late. That keeps me from worrying that I'm not going to get the help I need."

Staffing levels were maintained at a level that safely met people's needs because day-to-day scheduling took into account vacancies for staff as well as unexpected absences due to sickness and holiday leave.

People were safeguarded against the risk of being cared for by unsuitable persons because staff were appropriately recruited. All staff were checked for criminal convictions; references from previous employers were taken up. Recruitment procedures were satisfactorily completed before staff received induction training prior to taking up their care duties. Newly recruited staff 'shadowed' an experienced staff before they were scheduled to work alone with people receiving a service.

People had care plans kept in their homes with their agreement, with an up-to-date copy held at the agency office. Care plans provided staff with the guidance and current information they needed to provide people with safe care. Where pertinent people's care plans accurately provided staff with up-to-date information about people's healthcare needs and other factors that had to be taken into consideration, such as the person's ability to communicate their needs, so that safe care was provided.

Is the service effective?

Our findings

People received a service from staff that had been provided with the appropriate guidance and information they needed to do their job. Staff had a good understanding of people's needs and the individual care and support that had been agreed. Timely action had been taken if there were concerns about people's health or general wellbeing, raising these concerns directly with family members where appropriate or, again with people's consent, with external healthcare professionals.

People's care plans contained assessments of their capacity to make decisions for themselves and consent to their care. Staff had received the training and guidance they needed in caring for people that may lack capacity to make some decisions for themselves.

People received care and support from staff that had acquired the experiential skills as well training they needed to care for people living in their own homes. Newly recruited staff had received a suitable induction that prepared them for the demands of their job. Staff confirmed their induction provided them with the essential knowledge and practical guidance they needed before they took up their care duties.

People's needs were met by staff that were effectively supervised. Staff had their work performance regularly appraised at regular intervals throughout the year by the registered manager. Staff participated in 'supervision' meetings and they confirmed that the registered manager was readily approachable for advice and guidance. There were regular unannounced 'spot checks' to observe and assess if staff were doing their job effectively; for example observing how staff interacted with people and if they used personal protective equipment such as aprons and gloves.

Is the service caring?

Our findings

People's dignity and right to privacy was protected by staff. People's personal care support was discreetly managed by staff so that people were treated sensitively. People were treated as individuals that have feelings, especially with regard to having anxieties about needing help in their own home just to manage their daily lives.

People said that the staff were familiar with their routines and preferences for the way they liked to have their care provided. People received support from staff that were mindful of the sensitive nature of their work and they respected confidentiality. One person said, "They [staff] do things they way I like them done. They are very respectful that they are in my home."

People received their care and support from staff that were compassionate, kind and respectful. One person said,

"They [staff] never arrive miserable or in a hurry to get to their next job. It cheers you up when they have a smile and a chat." Another person said, "I usually get the same 'carer' come to me, but when someone else has to step in when they [staff member] are away I always get someone just as nice. They are all very kind to me."

People were encouraged to manage as much as they could for themselves. One person said, "I go at my own pace and they know that's important to me."

People received a package of information about their service and what to expect from their staff. This information was provided verbally and in writing. It included appropriate office contact numbers for people to telephone if they had any queries. One person said, "They [staff] gave me the numbers [office telephone and emergency contact number] I needed to get in touch with them for any reason."

Is the service responsive?

Our findings

People's care plans contained information about their likes and dislikes as well as their personal care needs. They contained information about how people communicated as well as their ability to make decisions about their care and support. If people's ability to communicate verbally had been compromised then significant others were consulted so that care plans reflected people's preferences as much as possible.

People were encouraged to make choices about how they preferred to receive their care. Choices were promoted because staff engaged with the people they supported at home. They asked people how they liked things done. There was information in people's care plans about what they liked to do for themselves and the support they needed to be able to put this into practice.

People received the care and support they needed in accordance with their care assessments, whether on a

day-to-day basis or over a longer period when the passage of time introduced additional care needs. Where practicable scheduled support visits were organised to fit in with people's daily routines. Where it was not feasible to accommodate people's time related preferences they were offered alternative timings when their needs were assessed.

People knew how to complain and who they could contact if they were unhappy with their service. There was a complaints procedure in place. Complaints were responded to in a timely manner and outcomes were recorded. One person said, "They [registered manager] has always said that if I am not happy with what they [staff] do I just need to pick up the phone." Another person said, "Whenever I have had any 'grumbles' they [registered manager] always listens and improves things if that's what's needed." Someone else said, "I can't fault them on accommodating our needs. They are flexible and do their best to changes things around to suit us."

Is the service well-led?

Our findings

People's care records were fit for purpose and had been regularly reviewed to include pertinent details related to changing needs. Care records accurately reflected the daily care people received. Records relating to staff recruitment and training were also fit for purpose. They reflected the training and supervision staff had received. Records were securely stored in the registered manager's office to ensure confidentiality of information. Policies and procedures to guide staff were in place and had been regularly reviewed and updated when required.

People were assured of receiving a domiciliary service that was competently managed on a daily as well as long-term basis. A registered manager was in post when we inspected that had the knowledge and experience to motivate staff to do a good job. Staff confirmed that the registered manager was always available if they needed guidance or support. Staff said the registered manager was very approachable and they felt confident that if they witnessed poor practice they could go directly to them [registered manager] and that timely action would be taken.

People benefitted from receiving care from a team of staff that were encouraged to reflect on the way the service was provided so that good practice was sustained. The registered manager used regular supervision and appraisal meetings with staff constructively so that any ideas for improving people's service were encouraged.

People were assured that the quality of the service provided was appropriately monitored and improvements made when required. People's entitlement to a quality service was monitored by the audits regularly carried out by the registered manager. These audits included analysing satisfaction surveys and collating feedback from individuals to use as guidelines for improving the service where necessary. They had also been provided with the information they needed about the 'whistleblowing' procedure if they needed to raise concerns with appropriate outside regulatory agencies, such as the Care Quality Commission (CQC).