

Cherish UK Limited

# Cherish UK Ltd

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Cherish UK Ltd, Rochdale is a domiciliary care agency. Not everyone who uses the service received personal care. CQC only inspects where people receive personal care. This is help with tasks relating to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection the service was providing personal care to 71 people with a regulated activity.

### People's experience of using this service and what we found

We found some shortfalls with regard to staffing rotas and training. We have made recommendation about the staff rostering system and staff training. People had assessments of need, and risk assessments in place. The service completed regular checks of daily records to identify any changes in need or action required.

The service had systems for oversight in place, but these were not always robust enough to identify where improvements could be made. We have made a recommendation about how the service can identify where improvements can be made. The service had an action plan and was working with the local authority to address some of the recent concerns that had been raised.

People's care records contained information about their needs and regular staff knew people's needs and preferences. Consideration had been given to people's communication needs as part of the care planning process and information could be adapted to meet people's needs. Complaints were investigated and action taken to address concerns where possible.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 20 November 2019).

### Why we inspected

We received concerns in relation to safeguarding, staffing levels and record keeping. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

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

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Details are in our safe findings below.

### Is the service responsive?

**Good** ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-Led findings below.

# Cherish UK Ltd

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was undertaken by two inspectors on the first day of inspection. An Expert by Experience made calls to people and their relatives following the site visit. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

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 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 12 May 2021 and ended on 19 May 2021. We visited the office location on 12 May 2021.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they

plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We reviewed a range of records. This included six people's care records. We looked at eight staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. The Expert by Experience made calls following our site visit and spoke with nine people who used the service and six relatives about their experience of the care provided. We spoke with seven members of staff including the operation manager, registered manager, and care workers.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records and other information the registered manager shared with us.



# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- There were not always enough staff to meet people's need in line with call time preferences and consistent staff team. We found that staff did not always attend the calls at the times planned or stay for the duration of the call. This had been an area identified by the service and local commissioners and was being addressed at the time we inspected. The registered manager advised that the impact of the Covid-19 pandemic had proved a challenge in this area and the service had focused on ensuring that there had been no missed visits. The service was actively recruiting staff. Rotas indicated expected times of visits, but these did not always correspond to the actual times care staff made their visit. We found that times of visits could vary considerably from day to day.
- People told us that staff were not always on time and they were not always supported by a consistent team of staff. One person said, "I don't usually know who is coming."

We recommend that the provider continue to review staffing levels and the times people require their care and support to be delivered and amend staff rotas to reflect people's needs and preferences.

- The service was following suitable recruitment processes and completing the required checks prior to a new member of staff beginning to work with people. We spoke to the registered manager about robust recruitment and ensuring any discrepancies were discussed and documented within the recruitment records.
- Staff completed a variety of training which the service considered mandatory prior to working directly with people. This included health and safety and moving and handling. The service had an action plan in place to ensure staff were up to date with relevant training following the impact of the Covid-19 pandemic and work in this area was ongoing. We noted that staff had not always completed training in specific conditions affecting people they may be supporting.

We recommend the provider considers condition specific training relevant to the needs of people staff are supporting, and assesses staff confidence and competence in these areas.

### Systems and processes to safeguard people from the risk of abuse

- Staff completed training on safeguarding people from abuse. Staff told us that training was good and additional training had been arranged recently.
- Policies and procedures in relation to safeguarding and whistleblowing were in place to underpin staff practice.

### Assessing risk, safety monitoring and management

- People had their care needs assessed and care planned for by the management team. Staff were able to access electronic care records which identified how people needed to be supported.
- People and relatives were not always clear about what assessments and care plan reviews the service had in place. The registered manager told us they had been completing assessments and reviews with people and relatives over the telephone due to the impact of the Covid-19 pandemic.

### Using medicines safely

- Staff completed training to support people with their medicine safely and had an observation of their practice.
- Medicines administration records were available to staff via the electronic care planning system. These let staff know what support people needed with their medicines and when.
- People's medicine administration records were being audited. Issues from the daily service review and daily visit audits were discussed with the registered manager. This ensured people were getting support and medical input as needed. We noted there had been a recent safeguarding concern in relation to a medicine's error which the service had investigated.

### Preventing and controlling infection

- Staff had access to regular testing and the covid-19 vaccination programme, but we noticed a poor uptake. We spoke to the registered manager about how they can support staff to improve the uptake of these and ensure the safety of the people being supported by the service.
- Staff had access to personal protective equipment (PPE). This was discussed at team meetings and information about correct use of PPE was shared via a secure social media site. There was a programme of spot checks to ensure staff were wearing correct PPE when supporting people in their own home.
- Staff had completed training in infection prevention and control. There had been a recent complaint about the use of PPE and the service was taking appropriate steps to ensure good infection prevention and control practices were being followed.

### Learning lessons when things go wrong

- The registered manager completed investigations when things went wrong. We saw that incident, safeguarding concerns and complaints and concerns were being investigated and action taken to reduce the risk of future reoccurrence for the individual. We spoke to the registered manager about how they can ensure lessons are learnt and applied across the service and fully documented.
- The service had implemented a monthly medication review where staff supported people to take their medicines following a recent medicines error.



# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care records contained information about people's needs and how staff should support people. These were not always detailed enough to reflect the individual's preferences and wishes, and it was not always clear that people were receiving support at times that met their needs. We discussed the need to ensure care records are detailed, person-centred and a consistent approach to record keeping is maintained with the registered manager.
- People did not always feel that their care was in line with their preferences. This was mainly in relation to call times with one person saying, "If I am not well enough [to have personal care], they [staff] go and don't fill the time."
- Staff told us they had access to people's care records electronically prior to the call and that they generally supported the same people and knew these people and their needs well. One carer told us, "I will check for any changes in people's care plans."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was able to provide information in a variety of formats including different languages and easy read formats.
- Care plans contained details about people's communication needs and how staff should meet these needs. However, this was not always detailed enough and consistently recorded in records.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service supported people with a variety of needs, including personal care, and support to access the community, shopping and cleaning.
- Care plans did contain some information about people's preferences and interests. However, this was not consistently recorded within care records. We spoke to the registered manager about how understanding preferences and interests helps develop person-centred care planning.
- The service had a wellbeing programme in place to support people with the impact of the Covid-19 pandemic. This was available to people using the service, and staff and their families and promoted positive mental health.

#### Improving care quality in response to complaints or concerns

- The registered manager maintained a log of complaints and concerns reported to the service. These were investigated and action taken to remedy complaints where possible.
- People told us they felt able to raise concerns, although there were mixed views about how complaints had been dealt with. One person said, "My first account was incorrect but sorted very efficiently by an administration person." whilst another said, "The daily notes on the App are not always accurate and you are meant to call in about it but it's too much effort."

#### End of life care and support

- The provider worked with the local hospice to develop staff knowledge and training.
- The service had developed 'end of life' boxes' to ensure that people who needed support at the end of life had the resources and equipment to ensure they remained as comfortable as possible.
- Some people using the service had palliative care plans in place. These did not always contain enough details about people's wishes for their end of life care.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- People gave us mixed views about the service. Some people had raised concerns about the timing and consistency of calls and the knowledge and training of staff. One person commented, "When they are coming for a particular thing then they should know what they are doing," whilst another stated, "We feel perfectly safe with the regular carers. They are all very capable."
- The provider had systems in place to ensure the quality of service was regularly assessed and monitored. Audits and checks were being completed but did not always identify where improvements, such as those identified during the inspection, could be made.

We recommend the provider review audit processes to ensure they are robust and can consistently identify areas where improvements can be made.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- The provider and registered manager were committed to improving the service and responsive to the feedback given during the inspection.
- The registered manager completed regular audits of daily care and completed daily service reviews to allow them to have oversight of the changing needs of people supported by the service. Steps were taken to improve care for individuals receiving the service, but learning was not always clearly applied across the service.
- There was an action plan in place to drive improvement following recent concerns raised from the local authority. At the time of this inspection work in these areas was still ongoing.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Any concerns and incidents were investigated by the registered manager and apologies offered to people when things had gone wrong. However, this was not always clearly documented in records held by the service. We discussed this further with the registered manager.
- The registered manager was open to feedback throughout the inspection and spoke honestly about some of the challenges the service had experienced during the Covid-19 pandemic.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider completed surveys with people and staff to obtain feedback about the service and how the service could improve. The results from the last survey were mainly positive. A staff communication portal had been developed following feedback at the last survey.
- Staff told us they felt well supported by the registered manager and one staff member told us "[Registered manager] is great, really helpful. I get loads of support and regular supervision." Staff meetings were taking place and staff had the opportunity to raise any concerns or ideas within these meetings.
- The service provided a night service provision which aimed to supported and reduce local hospital admissions. This allowed people who were reaching the end of life to remain in their own homes and also provided step down facilities as part of the local response to the Covid-19 pandemic. The service worked closely with the district nurse and council emergency response team to provide the support people needed.