Cherish UK Limited

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Inspection report

65 Wigan Lower Road
Standish Lower Ground
Wigan
Greater Manchester
WN6 8LJ

Tel: 01942670364

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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 carried out an announced inspection of Cherish UK Ltd on 19 and 20 April 2017. The service was newly registered in 2015 due to moving locations, so this was the first time it had been inspected.

Cherish UK Ltd is a large family managed domiciliary care organisation with branches in Wigan and Blackpool. The Wigan service is managed from an office in Standish Lower Ground. The service is a member of the local authorities 'Ethical Community Services Framework' and was awarded the contract for provision of care in Atherton, Golborne and Lowton. The service also provides support to people in other areas including Wigan and Warrington.

At the time of the inspection there was a registered manger 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.

We saw there were systems and procedures in place to monitor the quality of the service. In line with ISO 9001 quality management systems, an audit was carried out internally by the Chairman following a monthly schedule. The service also completed weekly operational review meetings, which assessed the performance of the service over the last week based on a number of key performance indicators (KPI's).

We received mixed views from staff on the completion of staff meetings, with some stating these occurred and others having no knowledge of them ever being facilitated. We noted from looking at meeting minutes that some had taken place in 2016, although we did not see a formal schedule for the last 12 months, which would have ensured staff were aware of when meetings were due to be held. However we saw a schedule was in place for staff meetings in 2017, with these being planned for May and September. We were told staff would be notified of these meetings via email and they would also be added to their rotas.

All the people we spoke to told us they felt safe. We saw the service had suitable safeguarding policies and procedures in place. Staff had all received training in safeguarding vulnerable adults and were able to demonstrate a good understanding of how to report both safeguarding and whistleblowing concerns.

The service utilised a screening tool, reviewed on a monthly basis, to ensure sufficient staff were employed to meet people's needs. All but one staff spoken to told us enough staff were employed to meet people's needs. People using the service were largely positive about staffing levels. People reported some issues in the past with late and missed calls, but had noticed improvements over the last six months.

We saw that robust recruitment procedures were in place to ensure staff working for the service met the required standards. This involved all staff having a DBS (Disclosure and Baring Service) check, at least two references and work history documented.

Staff reported that they received an appropriate level of training to carry out their role. We saw all staff completed a comprehensive induction training programme, followed by a flexible period of time shadowing experienced care staff, before being able to work with people who used the service. We saw the service had systems in place to ensure that staff received regular refresher training to ensure their skills and knowledge remained up to date.

The service had systems in place to ensure safe medicines management. People we spoke with confirmed they received appropriate support to ensure medicines were taken when required and as prescribed. We saw the service carried out regular audits of Medicine Administration Record (MAR) charts to ensure medicines had been administered correctly.

People spoke positively about the standard of care received and the caring nature of the staff. Staff members were highly thought of and people told us they were treated kindly and with dignity and respect. Staff were knowledgeable about the importance of promoting people's independence and people we spoke with confirmed they were encouraged by staff to do as much for themselves as possible.

We looked at 10 care files, which contained detailed and personalised information about people who used the service. The care plans also contained thorough risk assessments, which helped to ensure people's safety was maintained. We saw that people or their representatives had been involved in planning the care provided and were asked for their feedback through completion of reviews and questionnaires.

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

The service had systems and procedures in place to protect people from harm and keep them safe.

The service used a tool to ensure that staffing levels were appropriate to meet the needs of people who received support.

Safeguarding policies and procedures were in place and staff were aware of the process and how to raise concerns.

People we spoke with told us that they received their medicines safely and when necessary.

Is the service effective?

Good

The service was effective

Staff reported receiving enough training to carry out their roles successfully and were provided with regular support and supervision.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA).

People had consented to their care or decisions had been made in their best interest by their next of kin or representative.

People who required it, were positive about the support they received with nutrition and hydration.

Is the service caring?

Good

The service was caring

People told us staff were kind and caring and respected their privacy and dignity.

Staff were knowledgeable about the importance of promoting independence and providing choice.

People using the service were provided with a copy of their care file along with other documentation they may require, such as management information and contact details.

Is the service responsive?

Good

The service was responsive

Care plans were person-centred and individualised with information about people's life history, likes, dislikes and how they wished to be supported.

People using the service or their relatives, told us they had been involved in planning the care provided.

The service had a detailed complaints policy and everyone had a copy of this, along with information about how to make a complaint and the necessary forms.

People were asked to provide feedback about the standard of care they received through care reviews and quality assurance questionnaires.

Is the service well-led?

Good

The service was well-led

The service had audits and quality assurance processes and systems in place.

Spot checks and competency checks were carried out by seniors to ensure staff worked to high standards and address any issues noted with care provision.

Staff told us they enjoyed working for the service and felt supported in their roles.

Team meetings had been held with some staff, but meetings were not facilitated consistently. There was also no schedule in place to ensure staff could make plans to attend.

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

The inspection took place on 19 and 20 April 2017 and was announced. We gave the service 48 hours' notice, as the location provides a domiciliary care service and we needed to be sure someone would be in the office to facilitate the inspection, as well as allowing time to arrange for staff to be available to meet with us.

The inspection team consisted of one adult social care inspector from the Care Quality Commission (CQC). Three additional social care inspectors carried out telephone interviews with people using the service and staff members between 19 and 25 April 2017.

Prior to the inspection we reviewed all the information we held about the service including statutory notifications and safeguarding referrals and contacted external professionals from Wigan Council.

As part of the inspection we spoke to the registered manager, operational support manager, a care coordinator and 10 care staff. We also spoke with 21 people who used the service and two relatives.

We looked at 10 care plans, 11 staff files and 11 Medication Administration Record (MAR) charts. We also reviewed other records held by the service including audits, meeting notes and safety documentation.

Good

Is the service safe?

Our findings

We spoke with 21 people who used the service and each person told us they felt safe. One person said, "Oh yes, I definitely feel safe." Another told us, "It certainly gives me plenty of reassurance knowing the girls are coming in each day. I couldn't do without them." A third stated, "I have never been concerned about my safety since using this service. They are great with me." Whilst a relative told us, "Yes, mum is very safe, I am very happy with the safety of care."

We looked at infection control practices within the service. We asked the people we spoke to if staff wore personal protective equipment when necessary. All confirmed staff had done so. One person told us, "One of the first things they do is put on the apron and gloves before they see to me." Another said, "The staff are always well equipped when they arrive, hygiene seems to be important." Whilst a third stated, "They always have gloves and aprons on."

The service had robust safeguarding systems and procedures in place. The safeguarding file contained copies of both the providers and local authorities safeguarding policies, along with a flowchart and guidance for the reporting of concerns. Whilst we noted there was not a log in place to document alerts raised, we saw that referrals had been assessed and reported correctly following the local authority's safeguarding procedure.

We spoke with staff about safeguarding vulnerable adults. Each member of staff told us they had received training in this area and displayed a good understanding of how they would report concerns. One told us, "I have done training and its part of the induction. We have a policy and procedure as well. Types of abuse include sexual, physical and emotional. I'd alert the manager if I had concerns." A second said, "Yes, I have done this training, I would ring the office and report it." A third stated, "If I saw bruising on a person then that could be physical abuse. I would document everything and not hesitate to contact the office." A fourth told us, "We have had safeguarding training and I also did a refresher course. We have a protocol in place to report abuse."

The service had a whistleblowing policy, which gave clear guidance on how to raise concerns. Staff told us they knew how to raise concerns and would feel comfortable doing so.

We viewed 11 staff files to check if safe recruitment procedures were in place. We saw that each member of staff had a Disclosure and Baring Service (DBS) check in place with the DBS number and date of issue clearly displayed. A DBS check is undertaken to determine that staff are of suitable character to work with vulnerable people. All staff also had at least two references on file as well as a full work history, fully completed application forms and interview documentation.

We looked at how accidents and incidents were managed. The service had a dedicated file in place which contained a copy of the services accident and incident policy along with Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and infection control guidance. logs were in place for both people who used the service and staff members with all accidents recorded in detail along with action

taken to address any concerns. We asked staff members about what to do if they witnessed an accident. Each member of staff confirmed they would report this to the office and if necessary contact the emergency services. One told us, "I would report to the office, fill in documentation in the care plan, complete an accident / incident form and body map." Another said, "I would ring the office, notify the family and complete accident forms." A third stated, "If I needed to ring an ambulance or the police then I'd do it straight away."

Prior to completing the inspection we had received information regarding issues with appropriate staffing levels, late or missed calls. As part of the inspection we looked at how the service ensured staffing levels were appropriate to meet people's needs. We saw the service had a document in place to determine staffing levels based on the number of care hours provided per week. This took into account whether staff were on 20, 25 or 30 hour per week contracts. We compared the number of staff indicated as required on the document against the rotas for the last five weeks and saw enough staff had been deployed to meet people's needs. During our conversation with the registered manager they told us, "There have been some issues with missed or late calls due to the ethical framework and taking on new packages, however this has gotten much better. We have been working closely with the local authority and carried out a number of joint visits to speak to people about their packages."

We asked staff for their views and opinions of staffing levels and whether they could meet people's needs. All but one of the 10 staff spoken with told us there was enough. One told us, "We have enough staff to do what's needed. I have enough time to make visits and people's needs can be met." Another said, "In the past there have been concerns raised from staff, especially if people were on leave or sick. I've no problems with staffing at the minute though." A third stated, "I think at the minute there are enough staff and they seem to monitor the rotas well." There was some discrepancy in the feedback received regarding time allocated between calls. One staff member told us, "Yes, there are enough staff; the only issue is travel time as this is not included, which means we can sometimes be late for the next call." Whereas another said, "My work load is manageable. There is no call cramming and they allow enough time to get from one house to another."

Overall people using the service spoke positively about staffing levels, stating staff turned up on time and they were informed if staff were going to be late. There were some reports of occasional late calls, or carers turning up earlier that agreed, however people had noticed improvements over the last few months. One person told us, "From time to time they are late but I don't think there has ever been a missed visit. Generally speaking they are here at the right time." Another said, "They come at the right time and never miss." A third stated, "I fully understand they may be running late sometimes and I accept that, they are not too bad though for such a big company." A fourth told us, "Staff more or less turn up on time, we have had the odd one who is a few minutes late. If they are running late they let me know."

In all of the ten care plans viewed, we saw a range of risk assessments covering areas such as manual handling, fire and smoking, control of substances hazardous to health (COSHH) and the person's property. The risk assessments were used to identify potential hazards and ensure management plans were in place to mitigate risks. However we noted risk assessments were completed in the same areas for each person using standardised templates and saw no evidence of individualised risk assessments in place to assess specific risks or concerns.

We looked at the systems in place with regards to medicines management. We saw the service had a medicines policy in place, which included safe storage, administration and recording. Care files contained a medicine section, which detailed what assistance was required, where people stored their medicines, who was responsible for ordering medicines and where from, a list of person's medicines along with allergy

information. Guidance sheets were also in place for staff to follow, which identified the dosage, form or the medicine e.g. tablet or liquid, frequency of administration and any pharmacy instructions. Documentation was also in place for staff to record any administration errors, such as missed or refused medicines.

People we spoke to told us they were satisfied with the support received from the service. One told us, "The staff see to my medicines. I think I might forget otherwise." Another said, "I always get my tablets. The staff then fill in all the paperwork." A third stated, "One of the only reasons for the care package is because of my tablets. They do that very well." A fourth said to us, "No concerns about my medication. I get what I'm supposed to."

We looked at 11 Medicine Administration Record (MAR) charts and saw the service used their own MAR sheets, which were hand written. Where people's medicines were provided in a 'blister pack', the MAR chart did not list each individual medicine, but just stated 'blister pack'. We spoke to the registered manager about this, who had already identified this as an issue and had just implemented new computerised MAR charts for blister packed, individual and as required (PRN) medicines, such as paracetamol. These listed each medicine separately and included additional information such as the medicines appearance, method of administration, quantity and frequency to supplement the information on the guidance sheets.

We saw that all staff who were authorised to give out medicines had completed training in this area and had their competency assessed, through spot checks and observation of practice.

Good

Is the service effective?

Our findings

All the people we spoke with told us staff seemed to be well trained. One said, "The carers are very well trained. They certainly know their stuff." Another stated, "The staff are excellent. I assume this is because of the training they receive." A third told us, "They are all very well trained; they know what it's all about." A fourth said, "The staff seem very good with the hoist and take it in their stride. New staff have been to observe before supporting me."

The staff we spoke with were also complimentary about training provided. One told us, "Induction training was very thorough; a lot of information was given." A second said, "Induction training was very good. I have done safeguarding and moving and handling again since then." A third stated, "Training was very good, I also did two weeks shadowing. Taught me everything I needed, I felt really confident by the end of it." A fourth said to us, "I've done quite a bit since starting such as moving and handling, dementia awareness and first aid. There is enough provided as far as I am concerned."

The service had a dedicated training room on site and the provider employed a full time trainer who facilitated induction and refresher training sessions. A training matrix was in place which demonstrated all staff had completed mandatory sessions which were refreshed as per company policy. Each of the 11 staff files we looked at also contained a record of training completion. We noted that induction training included sessions in duty of care, safeguarding adults, mental capacity, fluids and nutrition, infection control, manual handling, privacy and dignity, medication and person centred practice.

We saw evidence that the Care Certificate was in place at the service, with new staff that do not have previous experience in a care setting being enrolled on the course. The Care Certificate was officially launched in March 2015 and is the new minimum standards that should be covered as part of induction training of new care workers. Employers are expected to implement the Care Certificate for all applicable new starters from April 2015.

A checklist was in place for all new employees which was completed after four weeks. This was to ensure staff had been issued with all they needed to do the job and had shadowed experienced staff. Weekly telephone check-ins by care co-ordinators had also been completed and documented during the first four weeks, to see how things were going and discuss any issues the new staff may have had. Meetings were also facilitated with new staff to discuss progress and provide an opportunity for face to face support.

Each of the staff we spoke with told us that supervisions were completed and they found them useful, however there was some discrepancy about how often these occurred. One person told us, "I've had a couple of supervisions so far. They seem to be every few months." Another said, "Supervisions are a good way to discuss concerns and issues. I think we do about three per year." A third stated, "We have these, I think every six months or so."

The company policy stated that supervision would be completed three times per year, although we noted a matrix was not in place to monitor completion and ensure this was adhered to. However we saw evidence of

completed supervision documentation in the 11 staff files we looked at, which confirmed regular meetings had occurred. The service had a record sheet for documenting meetings. We noted that meetings covered a range of topics from asking work related questions to check working knowledge, to enquiring if staff had any issues, concerns or training needs.

Records in staff files indicated observations and spot checks were completed with staff, to observe practice and ensure competency. Staff confirmed this during interview, one told us, "Yes, they just turn up and check things are being done properly. They check the MAR and communication log." Another said, "I had one not long ago. I was given feedback about anything I could do better." Whilst a third stated, "Yes, these happen."

There was evidence within the 10 care plans we looked at that people's nutritional and hydration needs were addressed with detailed information relating to people's needs, support they required and any specific dietary requirements. People we spoke with told us they had no concerns in this area and felt well supported. One person told us, "They prepare the food I ask them to. They do everything that I ask of them." Another said, "They get me whatever I want. They always ask me if I want a brew." A third stated, "The staff make me porridge every morning which is my favourite." A fourth said to us, "I'm able to make my own food and drink, but staff always check to see if there is anything they can get for me."

We asked staff how they supported people to receive good hydration and nutrition. One said, "I give people a choice of what they want to eat or drink. I check the care plan for needs, see if under SALT (Speech and Language Therapy) and so on. I always ensure they have a drink available which is in easy reach." A second told us, "Every visit I refresh drinks, check if they want something to eat and complete visits sheets, food and fluid charts." A third stated, "I check people have food in the cupboards and if anybody needs any food picking up from the shops, I am more than happy to do this for them."

In each of the 10 care files we looked at, we saw either the person themselves, or their representative had signed a contract agreeing to the care and support received. People we spoke with told us they had been involved in decisions relating to their care and support they received. One told us, "Oh yes, I was. They ask you things they want to know." Another said, "An assessment was done at the beginning." A third stated, "My care was discussed with me when I first started using Cherish."

We asked people who used the service whether staff sought their consent. One person told us, "Oh yes, they don't just take it for granted, that wouldn't be right." Another said, "They always ask for my consent first but I have my routine with the regular ones, so it would seem silly to keep asking me every two minutes." A third stated, "I am asked if the carers can wash me. They do check first."

Staff were also mindful of the importance of seeking consent before providing any care or support. One told us, "I get used to the people I support but still ask people what they would like first, so they can make a choice." Another said, "I always ask first, if they say no I will wait a while and ask again. If still say no, will ring the office and inform them."

Each care file we looked at contained a signed consent form. The form contained a tick box which people had completed to indicate what they consented to. The choices on the form included completion of initial assessment, reviews of care, provision of care, spot checks of staff and record keeping.

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 whether the service was working within the principles of the MCA. We found the service had an appropriate MCA policy and associated procedures in place and staff had all received training in this area. One staff member told us, "I have done training in this. Information about capacity is in people's care files." Another said, "The MCA is to do with whether someone has the capacity to make their own decisions." A third stated, "MCA is about protecting people's rights and ensuring they are supported with decision making."

Good

Is the service caring?

Our findings

People who used the service spoke positively about the care received from Cherish. One person said, "I have been very satisfied with the care so far and have no complaints whatsoever." Another stated, "The care I have received has always been good. The staff treat me very well." Whilst a third told us, "My care staff are really good. We have a laugh and I can't say a bad word about them." Other comments we received included, "They are very good girls, they are like my friends, " I feel very well cared for, I've been impressed so far" and "They are very pleasant lady's, they are outgoing and that is nice."

People also told us staff were kind and caring. One person said, "The staff are very pleasant and helpful. I can't speak highly enough of them." Another told us, "They are definitely kind and caring, I have no concerns." A third stated, "They are very kind and caring. They always ask me if there is anything they can do for me."

We asked people if they felt treated with dignity and respect by the staff that supported them. One person said, "Definitely, they are all so lovely to me." A second told us, "Absolutely, they do that very well." Whilst a third stated, "I'm assisted with a shower and when I get out the staff cover me up with a towel, so that I am not embarrassed."

Staff members displayed a clear understanding of the ways in which dignity and respect could be maintained. All staff spoken with referred to closing doors and curtains, using towels to protect modesty and asking the person before commencing a task. One staff member told us, "I make sure they are covered with a towel, close curtains, check if they feel comfortable and provide care to only one half of the body at a time, so the other is covered." Another said, "I close doors and curtains during personal care and give people choice." A third stated, "Be polite, always tell people what I am going to do and ask is its okay. I treat everyone how I would want to be treated."

The staff we spoke with displayed awareness and understanding of how to promote people's independence. One told us, "I let them do what they are able to, encourage people to try." Another said, "Let people wash their own hands and face, work alongside people. One person struggles to hold a cup, so we do this together." A third stated, "Ask people what they can and can't do, ask if they would like to do something themselves before helping." A fourth said to us, "I provide options, ask people what they would like."

People using the service confirmed that staff supported them in maintaining their independence. One told us, "I am an independent person and the staff know that, so they do let me try and do as much for myself as possible." A second said, "I've had a consistent group of carers….they know what I can and can't do. If there is something I can do, they leave me to it." A third stated, "They pass me soap and a sponge and I do what I can, the carers do the rest."

People we spoke with told us they were offered choice by the staff that supported them. One told us, "The staff usually get a few different cardigans out of the cupboard and let me pick one myself." Another stated "I like to be able to choose things myself and the staff certainly give me the option." A third said, "The staff

leave me some lunch but always give me a few alternatives, depending on what's in the fridge."

We saw all people who used the service received their own care file which contained copies of all documentation relating to their care package and other documents they may require such as contact and complaints information.

Good

Is the service responsive?

Our findings

We spoke to people who used the service and asked if they had been involved in planning their care, one person told us, "Yes, someone comes to talk to me every now and again." Another said, "An assessment was done at the beginning and I've had a review recently. I feel involved." A third said to us, "I have had a review and my family were involved. It's not every time I have a call but I do feel involved." Relatives we spoke with told us, "Yes, they asked us what we needed; they asked what was important to mum and gathered lots of info." Another stated, "They took lots of information in relation to [my relative], they made sure they knew everything about her before starting."

Although most people we spoke with confirmed having some involvement in care planning, not all could recall reviewing their care. One said to us, "I had an assessment but I don't know about reviews." Another said, "My care plan was discussed with me when I first started, but I don't recall anyone going through it with me since." We noticed in the 10 care files we looked at that reviews were completed with people eight weeks after commencing with the service, with people being asked six questions including if they were happy with the service, happy with time of visits, if any changes were required to their care and if they had any comments or suggestions. Formal reviews of the care plan were also carried out every six months; however it was not always documented if people had been involved in this process, with only staff signatures recorded.

We looked at whether the service was responsive to people's needs. One person we spoke with told us, "Definitely, I get everything I need from this service and more." Another said, "They have been responsive to whatever I need. The staff always ask if there is anything else they can do for me." We saw from the care files we viewed that each person's care and support had been designed around their needs, with changes made either following review or feedback from a person that they were unhappy about a specific area. The registered manager and care co-ordinators had met or spoken with people, at times alongside the local authority, to discuss people's requests and how these could be accommodated into their care package.

Within the ten care files we looked at we saw evidence of person centred practice. Care files contained detailed background information and life histories for each person along with their interests and preferences, such as how they wanted to be supported. The files contained a 'my personality' section, into which people using the service had recorded what others liked about them, what was important to them and how staff could best support them. Sections within the care file contained tick boxes for people to indicate in what areas they required support, whilst these documents were standardised and used with everyone, individual guidance had been generated based on people's selections to describe how to provide each person's care. All of the care files also provided guidance around people's communication needs and religious and cultural beliefs. All this information ensured that staff were provided with a good understanding of each person they supported and could ensure the care provided was individualised and person centred.

We spoke to people about whether they were asked for their views on the care and support they received. Not everyone we spoke with could remember this occurring, however one person told us, "I get asked if I am happy and I am." Another said, "The carers ask me how I am finding the care, they are absolutely brilliant. A

third stated, "Yes, I am. I can always tell my carers too in between a review and they would tell the office." A fourth said to us, "Yes, the carers ask me and they have phoned from the office as well."

We noted that satisfaction surveys had been sent out bi-annually to a random selection of people who use the service, although it was planned to reduce the frequency to an annual survey for 2017 – 2018. We looked at the data from the last survey, when the service had received information from 74 respondents, 63 via phone interview, seven by post and four by email. People had been asked if they were happy with the care staff, office staff and overall service provision and would they recommend the service. We noted that 90% of the respondents stated they would recommend the service and no one had reported being unhappy with any aspect of the service, with 55 people reporting they were either happy or very happy. An action plan had been generated to address any issues reported, such as late calls, poor communication and the introduction of new carers with what had been done by the service documented along with comments from people on the impact of this.

The service had a comprehensive complaints policy in place, although did not have a separate complaints file, with any complaints or concerns received being documented in the safeguarding file. The service had a document in place for detailing complaints received, which included details of the complaint, the action taken, the outcome and if the matter was now resolved. Where complaints related to missed or late calls, we saw the service had also notified the local authority using the safeguarding tier reporting system. People using the service told us they knew how to make a complaint, but overall had not needed to. One said, "I've not officially complained, any small things were resolved. Somebody rang me from the office to explain what had gone on." Another told us, "I have all the details I need to make a complaint. A lady came round to check I was satisfied with everything." A third stated, "If I needed to I would ring the office. I am pretty sure they would help me." A fourth said to us, "I have never needed to complain but all the numbers I need are in my file."

Good

Is the service well-led?

Our findings

At the time of our inspection 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 the registered provider, 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 service also employed an operations manager, four care co-ordinators, who were responsible for overseeing the day to day operation of the domiciliary care service, and had just employed a care assessor, to lead the admissions process. Due to the nature of the service, most of the people we spoke with were unsure who the registered manager was, with most of their dealings having been with the staff that supported them or the co-ordinators who oversaw their programmes. Two people had spoken to the registered manager by telephone and we were told the registered manager's contact details were located in their care files, should they need them.

Staff provided conflicting feedback regarding the completion of staff meetings. Some staff told us these were completed, others had no recollection of them being facilitated. One staff told us, "We do have staff meetings and you can request a copy of the minutes if you didn't attend." Another said, "Yes, we do. The last one was about six months ago." Whilst a third stated, "We have 'patch' meetings in each area. They also have office meetings." Whereas a fourth told us, "Not that I am aware of, I've certainly never been to one." A fifth said, "Never been to one, don't have 'patch' meetings to my knowledge."

We looked at the service's meetings file and saw whilst 'patch' meetings had been held in 2016; these being meetings with staff from a particular area, there was no consistency to the meetings and we did not see a schedule for the previous 12 months, which would have ensured staff were aware of when meetings were due to be held. The Lowton and Golborne team had met in January and June 2016. The Scholes, Beech Hill and Kitt Green team had also met twice in 2016, once in January and once in November. Meetings for office based staff had been completed more frequently, with the last meeting taking place in February 2017. We noted the service did not have a policy relating to staff meetings or their frequency, with this having been removed in 2014, however the staff handbook stated meetings would be held bi-annualy. We saw a staff meeting schedule was in place for 2017, with these being planned for May and September 2017. We were told email invitations would be sent to all staff prior to the meeting and the meeting would also be included on their rota as attendance was considered mandatory. We were also told that due to the number of staff that had transferred into the service as part of the ethical framework procedure, focus during the early part of 2017 had been on meeting with staff individually, to help facilitate this process. The services supervision matrix and spot check tool evidenced these meetings had been completed.

The service had a quality manual file in place, which contained a quality management statement. This indicated that regular gathering and monitoring of client feedback, auditing of internal processes, management reviews of audits, feedback and complaints would be completed and measurable quality outcomes generated and in place.

We looked at what auditing systems were in place and saw that MAR charts and visit record form audits were completed to ensure these documents had been completed correctly, with action points generated and outcomes recorded. Internal system audits, as part of ISO 9001 quality management system requirements were also completed by the Chairman on a monthly basis following a specific schedule. For example, care plans were looked at one month, staff supervision and appraisals the next, complaints the month after. For each audit completed an action plan had been generated along with who had accountability for the action.

We saw evidence quality monitoring was completed through completion of weekly operational review meetings involving the registered manager, operations manager and Chairman. These meetings included a review of team performance and development, call monitoring, missed visits, complaints, compliments and staffing; including recruitment, retention, sickness and absence. Data for these meetings was derived from the monitoring of key performance indicators. Following the meetings, for any issues identified an action plan had been produced, which was reviewed at the next weeks meeting.

We asked staff whether they enjoyed working for the company and if they felt supported and listened to by the management team. Everyone we spoke with told us they enjoyed their jobs and most spoke positively about the support they received. One told us, "I find it great, I am really enjoying it. I feel well supported. The managers are easy going and will always make themselves available to speak to and sort everything you ask." Another said, "I really am enjoying it. I have spoken to [registered manager] in private about an issue. This was kept confidential which I appreciated." A third stated, "Definitely, they are always helping me." Three of the staff we spoke with told us they didn't always feel listened to or able to speak with all senior staff. One said, "I think certain senior staff are better than others when it comes to being able to speak with them." Another told us, "The managers are generally approachable. I feel more comfortable speaking with certain ones though." A third stated, "Do I feel listened to, sometimes yes, sometimes no. Was one time where we expressed some concerns about a particular call and nothing was done about this until everyone refused to go. It felt like we were being ignored."

Staff also commented on difficulties at times getting into contact with the office. Comments included, "On call is available and works well, can take a while to get through to the office though." "If it's engaged, they don't get back to you quickly" and "Sometimes have to ring up loads to get information across to office staff, communication is an issue at times."

From speaking with the operations manager, we saw a new system had recently been introduced called mobile care worker. This was an 'app' which staff could either download to their own phones or be provided with a phone with it already installed. Rotas, messages and other communications were sent directly to staff phones via the 'app', to improve communication.

We also asked staff for their opinions on the culture of the service. All of the staff felt the service was a positive place to work, with a good staff team who supported each other. One told us, "It's positive, get a load of compliments from people which is nice". Another said, "I really enjoy working for Cherish. I get on well with all the staff and I would say team work is good." A third said to us, "I prefer working here to my last job. It's good to see the comparison because we are a great team here."

Staff told us they did not get asked for their views and opinions about the service. One said, "We generally don't get asked for our opinions, the [registered manager] asks occasionally if things are okay, but that's it." Another told us, "I think a satisfaction questionnaire would be good, but I have never seen one." A third stated, "I have never been asked about my views of the service." However we saw a staff survey was completed annually, with the last one being distributed in June 2016. The service had received 30 responses from the 88 questionnaires sent out, which had asked whether staff enjoyed working for Cherish, had

enough training, were happy with rotas and hours, felt cared for as well as asking them to rate managers on their communication and planning skills, as well as their understanding and flexibility. Feedback received was largely positive, with over 85% of staff who responded stating they enjoyed their jobs, had enough training and felt cared for, whilst 90% said they would recommend the service both as a place to work and to provide care.

Staff also told us they had noticed a big difference since the registered manager had started working at the service. One said to us, "Noticed a lot of changes in the last seven months, everything is now working much better." Another said, "It's much better here since [registered manager] took over." A third said, "[registered manager] is always about, they are very approachable."

The service had a range of policies and procedures in place, which were stored both electronically and in paper form. This included key policies on medicines, safeguarding, MCA and moving and handling. Policies were regularly reviewed and updated centrally at provider level, so that the most up to date copy was always available. Review dates were included on the policies along with a summary of any changes made, to allow easy identification of updates for staff reading the policy.