

Cherry Care Services Oxfordshire Ltd

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Oxfordshire Ltd

Inspection report

Witney Business and Innovation Centre, Windrush House
Windrush Industrial Park, Burford Road
Witney
OX29 7DX

Tel: 01993402200

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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

About the service:

Cherry Care Services Oxfordshire Ltd, referred to as Cherry Care in this report, is a domiciliary care agency registered to provide personal care to people living in their own homes. The service operates in Witney and surrounding areas. Cherry Care provides personal care to younger adults and older people including people living with life limiting conditions. On the day of the inspection 23 people received regulated activity. More people were supported with non-regulated support, such as companionship or housekeeping.

People's experience of using this service:

People received support that met their needs. People's care plans described care people required in details and staff knew people's needs well. Staff encouraged people to maintain social relationships. People knew how to make a complaint and the concerns received by the service were dealt with appropriately. People's end of life wishes were known to staff and people were confident these would be respected. Cherry Care staff worked with other professionals, such as the local hospice to ensure people they supported had dignified and pain free death.

People told us staff were 'brilliant'. The service remained caring and people received compassionate support. Staff treated people with dignity and respect and people were supported to remain independent. The provider ensured people's confidentiality was maintained.

People continued to receive support with accessing health care services. External professionals were complimentary about the service. People were supported to have choice and control of their lives and staff respected their rights to make their own decisions. People were encouraged to meet their nutritional needs.

The service continued to provide safe support to people. The provider ensured people were supported by a sufficiently skilled and safely recruited staff. Risks to people's well-being that included their individual conditions and environment had been assessed and recorded. Medicines were managed in line with good practice and people received their medicines as prescribed.

The service remained well-led by the registered manager who was also the director. People praised the 'personal touch' provided by the management team and complimented the continuity of care they had. The team demonstrated an open and transparent approach. People's views were sought and acted on. Staff were well supported and valued. The provider monitored the quality of service and planned how to implement further developments. Cherry Care worked well with external social and care professionals.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

Good (report published 1 March 2017).

Why we inspected:

This was our scheduled, planned inspection based on previous rating.

Follow up:

We will monitor all intelligence received about the service to inform the assessment of the risk profile of the service and to ensure the next planned inspection is scheduled accordingly.

More information is in detailed findings below.

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.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-led findings below.

Good ●

Cherry Care Services Oxfordshire 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 as part of our regulatory functions. This inspection checked 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.

Inspection team:

This inspection was carried out by one inspector.

Service and service type:

Cherry Care Services Oxfordshire Ltd are a domiciliary care agency (DCA). The service provides personal care to people living in their own houses and flats in the community. There was a registered manager. 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'. 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:

This inspection was announced and took place on 5 November 2019. We gave the provider 48 hours' notice of the inspection visit because we needed to be sure the management team would be in the office.

What we did:

Before the inspection we reviewed the information, we held about the service and the service provider. The registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. One day before the office visit we contacted 5

people and 1 relative to obtain their feedback.

During the inspection:

We looked at records, which included two people's care and samples of medicines records. We checked recruitment, training and supervision records for two staff. We looked at a range of records about how the service was managed. We also spoke with the registered manager, two co-ordinators and one carer.

After the inspection

We contacted five external health professionals to gather their views about the service.

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 remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People received medicines as prescribed. The medicine records we saw were fully completed.
- People were supported to self-administer their own medicines. One relative told us, "[Person] was very unwell at the beginning, was not able to take medicines (independently), [person] now takes her own medicines."
- We saw records that demonstrated staff received medicines training and their competencies were checked.

Systems and processes to safeguard people from the risk of abuse

- The provider proactively and in a transparent way reported any safeguarding concerns to the local authority's safeguarding team.
- People confirmed they were safe with staff. One person said, "I am safe."
- Staff knew how to identify and report any safeguarding concerns. One member of staff said to us, "I'd report to the manager and she'd get straight on it."

Assessing risk, safety monitoring and management

- Risks to people's individual conditions such as around their mobility or where they had swallowing difficulties were assessed and recorded. There were records in place that guided staff how to manage these risks. Where people used equipment, such as hoists, their care plans listed the items and who to contact in an event of failure.
- Staff appreciated the importance of positive risk taking. One person did not wish to follow an advice received from a health professional and this was documented, the person was made aware of risks and supported to have the support delivered in a way they wished. A staff member said, "We can't force people to do anything, all we can do is advise and explain risks."
- The risks surrounding people's environment were assessed, this included areas such as gas safety. The provider had a current business continuity plan which described what to do in an event of staff shortage or bad weather.

Staffing and recruitment

- Feedback from people confirmed they were supported by consistent and punctual staff. Comments included, "Punctual and reliable" and "Only had two carers."
- Staff work allocation system was well thought of and ensured continuity of care to people.
- The provider followed safe recruitment practices, this ensured staff were suitable to work with adults at risk.

Preventing and controlling infection

- Staff used and had access to protective personal equipment (PPE) such as gloves.
- Staff had training surrounding infection control and health and safety.

Learning lessons when things go wrong

- The management team reflected where practices could be improved. For example, the registered manager identified the spot check forms used did not allow to record the feedback received from the relatives and introduced a new template that included the additional section.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager ensured assessments of people's needs took place to ensure people's needs could be met. One relative told us about their experience of the assessment, "We had a consultation with the manager prior to [the person] starting the service. Delightful lady. We were in an emergency situation and she was quick and helpful." Copies of assessments received from commissioners were also used to inform the care planning process.
- The provider referred to best practice guidance to ensure care delivered was in line with the current requirements. For example, staff attended training at the local hospice to ensure end of life care delivery was of a high standard. Where people required help with maintaining their oral hygiene the provider introduced forms that prompted staff to deliver and record the assistance given. One person told us they chose Cherry Care as they were impressed with the registered manager's knowledge of the condition they lived with.

Staff support: induction, training, skills and experience

- Staff had ongoing training that was relevant to their roles. Feedback from people confirmed staff were well trained. One person said, "At the moment, I've got a lovely lady. She's done this (caring) before and she know what she's doing." Another person said, "My two regular carers are excellent, know the routine, treat me with respect and during their time with me, there has been very few issues. I appreciate their help every day."
- The provider ensured where staff required training specific to people's needs this was promptly arranged. The team worked with a number of professionals who delivered specialist training as required. One external professional said, "They are very hot on this and make sure that carers are trained before starting package of care and always looking to re-skill as and when needed."
- The registered manager regularly saw their staff to ensure they had all the support they needed. Staff told us they felt well supported in their roles. Comments from staff included, "Oh yes, I had a good training, had also training with district nurses."

Supporting people to eat and drink enough to maintain a balanced diet

- People's care plans reflected support people required around meeting their nutritional needs.
- People told us staff supported them with their shopping and meals preparation. One person said, "We're going shopping together. I get to say what I need."
- When people needed to have their nutrition via a PEG, staff had relevant training that was person specific. PEG stands for percutaneous endoscopic gastrostomy, a surgical procedure for placing a feeding tube into a person stomach. The aim of PEG is to provide medicines or nutrition to those who cannot swallow.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- People's care records showed people were supported to access external professionals if needed. The information received from professionals was available in people's care files.
- The team worked well with a number of health professionals. This included occupational therapist, Speech and Language Therapist and Continuing Health Care Team. One external professional said, "Yes, very much so, they support people to access the correct healthcare."

Ensuring consent to care and treatment in line with law and guidance

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.

- People's choices were respected, and people confirmed they were listened to. Comments included, "Yes, they are very good listen to my wishes" and "I'm in charge of what's happening."
- Staff knew the principles of the MCA. One staff member said, "We go by what person wants. If people were to make an unsafe decision I'd refer to manager."
- People's care records highlighted the importance of respecting people's decisions and giving them choice. For example, "Always ask [person] what they'd like to eat."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were very complimentary about the staff, the caring culture and the way they were treated. Comments from people included, "I love my carer" and "They just don't see me as a number, they're really interested."
- The caring culture was well demonstrated by the registered manager who led their team by example. The registered manager ensured staff were driven to people that lived in areas affected by a limited public transport. They also made sure staff messaged them when finishing work late to advise they arrived home safe.
- The team was committed to respecting people's needs including any diverse needs. The provider was committed to respecting diverse needs. Staff gave us example how they respected people's diversity. A member of staff said, "One person is really into their religion and I sit and listen to them (talking about it)."

Respecting and promoting people's privacy, dignity and independence

- People's dignity was respected. People said staff were 'brilliant'. One person said, "Yes, very much privacy is respected". One person's relative said, "They're respecting privacy."
- Staff promoted people's independence. All the people we spoke with, commented how having the support from Cherry Care allowed them to continue to live independently at home.
- Staff respected people's confidentiality. People's records were kept secure. The documentation we viewed showed the provider adhered to the recent data protection regulations. The registered manager used secure emails when sending sensitive data.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in their care and we saw they were involved in their care plans. Feedback from people demonstrated they were very satisfied with support they had. One person said, "I am pretty happy with them. They help me to run my day to day things, so I can still call it life."
- Staff had a good knowledge of individual people and their preferences and the records showed good continuity of care was maintained.
- People's relatives were where appropriate involved and consulted. The registered manager attended reviews with people's health care professionals and families to ensure they support they had met their expectations.

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 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.

- People received care that met their needs. One person said, "If it was not for them I'd not been able to live on my own. No way we could do without them." Other comments received reflected the service was flexible and staff were skilled in adapting their approach to suit people's needs.
- The registered manager ensured staff were suitably matched with people they supported. This was particularly important as majority of people needed significant support, such as an all-day long visit. Feedback from people showed the process of matching the right carer worked well. One person said, "I wouldn't swap (carer) for worlds."
- Feedback received from external professionals was positive. One external professional said, "They are very person centred, if there are any problems (they) will get them sorted straight away and if any training needed will highlight them and arrange it."

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.

- People's communication needs were explored, and people's care files contained assessments which outlined people's hearing, sight and communication needs.
- Staff were aware of people's needs and ensured effective communication was maintained. For example, one person communicated with staff using their laptop or white board.

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

- Staff supported people to pursue interests. Staff told us how they took people shopping, for a walk or into a garden. One person was supported by staff to take part in a charity walk to raise the money for the condition the person lived with.
- People's care records demonstrated staff were encouraged to support people with the social aspect of their life. One person's care plan said, "[Person] is creative with craftwork, staff to support with projects."

End of life care and support

- People's end of life wishes were known to staff. People were confident their wishes how they want their care to be delivered in case of health deterioration, would be respected. One person said, "We had discussed the way I would be cared for when condition deteriorates." Another person said, "Staff said they'll

stay with me forever."

- Staff received training around end of life care. We saw numerous compliments were received by the service from relatives of people who received end of life care. People used words such as 'perfect' and 'fantastic' to describe the care provided.

Improving care quality in response to complaints or concerns

- Information how to complain was available to people and people knew how to complain. All people we spoke with said they never had a reason to make a complaint.
- The registered manager kept a log of complaints received, a small number of concerns had been received since our last inspection and these were investigated and responded to in line with the policy.

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

- The provider ensured they monitored the quality of the service provided to people. Their quality assurance included areas such as care plans, medicines records and staffing files. When an action had been identified the provider used a bespoke internal communication system to share the feedback with the team. The system allowed the management team to receive the confirmation staff saw the message.
- Since our last inspection the provider introduced a new role of an office based co-ordinator who supported the management team with audits and administrative tasks.
- The provider looked for further improvements, they were in a process of exploring an implementation of a new, electronic system for care planning.

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

- The registered manager was also the director of the company and it was a family run business. They set up the agency as they had a personal experience of a close relative receiving care and wanted to support people who needed care.
- People's feedback showed they felt the service was managed well. Comments included, "Very well-run. Anything she (manager) promised she kept her word" and "Arrangement works beautifully. I'm 110% satisfied."
- The team were motivated to provide good care to people. A staff member complimented the registered manager and said, "[Registered Manager's name] knows everything!"

Engaging and involving people using the service and the public, fully considering their equality characteristics

- There was evidence people had various opportunities to get their views heard.
- There were regular reviews, spot checks and opportunities to contact the registered manager directly. One person said, "[Registered manager] comes to drop things off, then she asks for feedback."
- The provider used satisfaction surveys to gather people's views. We saw the results of the last survey's and these were overwhelmingly positive and reflected a high level of satisfaction with the service.

Working in partnership with others

- Staff worked in partnership with various health and social professionals as needed. One external professional said, "Very helpful and efficient, staff always pro-active."

- The provider was a member of the local association of care providers.

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

- The registered manager ensured they communicated with people and where appropriate with people's relatives when needed. We saw meetings took place when a concern or a query was raised.
- The Care Quality Commission (CQC) sets out specific requirements that providers must follow when things go wrong. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The provider was aware of their responsibilities in relation to this requirement.