

Cherish UK Limited

Duva Mews

Inspection report

Apartment 8 58 Leigh Road Leigh WN7 1QR

Tel: 01942674707

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12 March 2020

13 March 2020

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Ratings

Overall rating for this service	Outstanding ☆
Is the service safe?	Good •
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Outstanding 🌣
Is the service well-led?	Outstanding 🌣

Summary of findings

Overall summary

About the service

Duva Mews provides care and support to people in their own homes in the Wigan, Leigh and Golborne areas. The service supported people with learning disabilities, physical disabilities, autism and/or mental health needs. During this inspection 21 people were receiving support with personal care.

People using the service lived in a 'supported living' setting either in their own flats, one bedroom houses within an apartment block or houses within the local community. They received support from staff over a varied number of agreed hours and had access to support 24 hours a day. A separate staff office was located within the apartment block.

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

Everyone involved in the running of the service exuded passion for delivering care that was person-centred and gave people a meaningful life. Staff went above and beyond to provide people with positive outcomes and experiences. People were consistently placed at the heart of the service.

People's lives had greatly improved due to the consistent support they received from staff. Achieving desired outcomes, supporting people to learn new skills and live more independently and providing truly individualised care and support was central to care planning and delivery.

It was evident the values held by staff had been cascaded down from the provider and registered manager who showed great passion for making a difference to people's lives. There was a strong emphasis placed on empowering people and involving them in the running of the service. The registered manager had been highly praised by professionals for their person-centred care, collaborative working and the impact this had on people's health and well-being.

Staff spoke highly of the support, encouragement, knowledge and passion of the registered manager and told us how proud they were of the achievements people had made with their support. They spoke about people and their role with fondness and genuine commitment.

People told us they felt safe with the staff who supported them. Staff knew how to recognise abuse and were confident reporting safeguarding concerns. Risks to people had been identified and plans were in place to manage these. There were enough staff on duty with the right skills, knowledge and experience to meet people's needs.

The service applied the principles and values of Registering the Right to support (RRS) and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected these principles. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's needs had been holistically assessed and guidance was in place for staff to follow to ensure they delivered effective care and support. Staff received a detailed induction and on-going practical training to ensure they maintained the right skills to provide effective care and support. Staff spoke highly of the training and support they received.

People were supported to live healthier lives. They were supported to access health care appointments and staff helped them follow any guidance given by health and social care professionals in relation to their and well-being.

People and family members spoke highly of staff and how kind and caring they were. Staff took time to chat and get to know them and it was evident positive relationships had been developed. People were treated with dignity and respect and staff understood the importance of keeping information private.

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

Rating at last inspection

This is the first inspection since the service was registered with CQC on 15 March 2019.

Why we inspected

This was a planned inspection based on the inspection schedule for newly registered services.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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? This service was safe. Details are in our safe findings below. Is the service effective? This service was effective. Details are in our effective findings below. Is the service caring? This service was caring.
Details are in our safe findings below. Is the service effective? This service was effective. Details are in our effective findings below. Is the service caring? Good •
Is the service effective? This service was effective. Details are in our effective findings below. Is the service caring? Good •
This service was effective. Details are in our effective findings below. Is the service caring? Good
Details are in our effective findings below. Is the service caring? Good
Is the service caring?
This service was caring.
Details are in our caring findings below.
Is the service responsive? Outstanding
This service was exceptionally responsive.
Details are in our responsive findings below.
Is the service well-led? Outstanding ☆
This service was exceptionally well-led.
Details are in our well-led finding below.



Duva Mews

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

This inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be available to support the inspection. We also needed to be sure that people using the service were prepared for our visit to reduce any potential anxiety that may have been caused.

The inspection activity started on 11 March 2020 and ended on 18 March 2020. We visited the office location on 11 and 13 March and visited three supported living houses on 12 March 2020.

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. We had not asked the provider to complete the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used the information we had to plan our inspection.

During the inspection

We spoke with nine people who used the service and three family members about their experience of the care provided. We spoke with seven members of care staff and the registered manager and deputy manager.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at four 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.

After the inspection

We continued to seek clarification from the provider to validate some evidence found in relation to the outcomes of people using the service. We received feedback from four professionals who regularly worked with the service.



Is the service safe?

Our findings

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

This is the first inspection since this service was registered with CQC. At this inspection this key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibilities to keep people safe from abuse and told us they were confident reporting safeguarding concerns.
- Allegations of abuse were raised with the relevant agencies in a timely way. One professional told us, "They [staff] are very responsive to any safeguarding concerns raised and have been able to demonstrate learning from incidents and as a result reduce re-occurrences."
- People told us they felt safe with the staff who supported them, and family members were confident their loved ones were safe and well looked after. Comments included; "Yes they make me feel safe I have no concerns at all" and "Well what a difference. I am most certain that [relative] is safe."
- People's care plans contained information about what potentially made them vulnerable and how staff should protect them from harm. Information recorded was completely individual and based on people's care and support needs.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and plans were in place for staff to manage these and keep people safe from harm.
- People were supported to take positive risks to ensure they lived as unrestricted a life as possible.
- Appropriate measures were in place to manage people's safe evacuation during an emergency. Information was recorded regarding people's mobility needs and any sensory or cognitive impairments.

Staffing and recruitment

- Enough suitably qualified and skilled staff were deployed to meet people's needs. People were supported by the same staff team to ensure their care was consistent.
- People had access to support 24 hours a day should they require it. People told us they felt reassured of staff presence whilst also being able to live as independently as possible. One person told us "I know the staff are there if I need them but I still do things for myself."
- Staff told us they all supported each other and worked as a team and that the numbers of staff on duty was enough to meet people's needs.
- Safe recruitment processes were followed and relevant checks completed on newly recruited staff to ensure they were suitable to work with vulnerable people.

Using medicines safely

• Medicines were managed safely by suitably trained and qualified staff. Assessments were completed on staff's competency to administer medication.

- Where people required support with their medication this was recorded in their care plans. Staff had clear guidance on how to administer people's medicines whilst maintaining their independence, choice and control.
- Medication policies and procedures considered important aspects such as how people's individual faith or religious beliefs may affect medicine administration; such as fasting for religious ceremony.

Infection Control

- Staff told us they had received training around preventing and controlling the spread of infection and had access to relevant guidance and information about good infection prevention and control.
- People told us staff used appropriate equipment, such as gloves and aprons, when required.

Learning lessons when things go wrong

- Detailed incident forms were completed by staff and reviewed by the registered manager to identify any action that may be required to prevent further incidents.
- People were included in discussions following incidents to help better understand why certain events, such as those associated with challenging behaviours occurred.
- The registered manager and owner of a charity organisation (owner of the apartment block where some people lived) worked closely together when incidents occurred that potentially affected people's tenancy. This working relationship meant lessons were learnt for both and future incidents prevented.



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.

This was the first inspection since this service was registered with CQC. At this inspection this key question has been rated good. 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

- People's needs were holistically assessed in line with standards, guidance and the law.
- Assessments provided detailed guidance for staff to follow to ensure needs were met and help promote good outcomes for people.
- People's desired outcomes were considered during assessments of their needs and were regularly reviewed to ensure staff were supporting people to achieve them.
- People's oral health was considered as part of the assessment process and guidance was in place for staff to follow if support was required.

Staff support: induction, training, skills and experience

- Newly recruited staff received a detailed induction and shadowed more experience staff before supporting people.
- Staff continued to receive regular, detailed training to support their role and people's individual needs.
- People and family members told us they felt staff were competent and knowledgeable. Comments included; "Staff are competent and have very effective communication" and "Staff are very well trained. Very effective at what they do."
- Staff received regular supervision to give them the opportunity to discuss any concerns or support needs with their line manager.

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

- The service had supported people who needed to lose weight to maintain their health by encouraging a healthier diet and offering advice about healthy food options.
- Staff supported people with identified dietary needs and risks associated with people's food and drink intake.
- People were supported and encouraged to be as independent as possible with the preparation and cooking of their meals.

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

• Health and social care professionals spoke highly of the collaborative working with staff from Duva Mews and the impact this had on people's lives. One professional told us, "I have witnessed how staff have had a positive impact on people by supporting them to achieve weight loss goals by supporting with health eating

and attending weight loss classes."

- 'Health Action Plans' were implemented for each person to help support and encourage healthier lives. Information regarding health concerns and professionals input was recorded to ensure staff were kept informed.
- People were supported to access health appointments when needed and staff helped them followed guidance provided.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection (CoP) for them to authorise people to be deprived of their liberty.

- The registered manager showed extensive knowledge about their role and responsibilities regarding restrictions to deprive people of their liberty. Where people were subject to authorisations made under CoP, staff worked closely with other agencies to ensure guidance was followed.
- People were given choice and control over their day-to-day lives and were supported by staff to live a life free from restriction.



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.

This is the first inspection since this service was registered with CQC. At this inspection this key question has been rated good. 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 well-treated and supported by staff who were passionate about their role. People and family members spoke highly of staff and the support they provided. Comments included; "I have known all the staff for many years, they know me well and that helps me" and "I love all the staff, we have a good laugh and they look after us all."
- It was obvious staff had developed close, trusting relationships with people and spoke warmly of those they supported. One staff member told us, "They [people supported] are all family. I love coming to work. I get so much out of helping them and seeing them develop."
- Staff spent valuable time with people, and it was evident they knew them well. People told us they felt comfort and reassurance when staff were with them. One person told us, "They [the staff] do all sorts with us, we have so much fun doing all the things we want to do."
- Many positive comments had been made by family members and professionals through compliment cards and letters. Family members praised the staff for the care they gave their relatives and the positive impact this had on their own lives.

Respecting and promoting people's privacy, dignity and independence

- Staff helped and encouraged people to develop daily skills to become more independent. One person told us, "They [the staff] have helped me learn how to cook some meals." Another told us, "Because of the staff I can now look after my own flat and keep it clean and tidy."
- Staff treated people with dignity and respect and supported people to maintain good personal hygiene.
- Staff understood the importance of keeping people's personal information confidential and explained how they would ensure this.

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

- People were supported to express their views through regular reviews. One person told us, "I have regular meetings about my care with the staff and at the end of them they always give me the notes for me to keep, They tell me it's information about me so I should keep it."
- Effective, collaborative working between the registered manager and charity organisation (landlady) meant people were able to discuss all aspects of their care and support, including their tenancy. This provided a truly holistic approach to people's support.
- People unable to effectively communicate verbally were supported to access advocacy services to help them express their views.

Is the service responsive?

Our findings

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

This is the first inspection since this service was registered with CQC. At this inspection this key question has been rated outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- Providing people with person-centred care was embedded in the values of the service and a team of highly passionate staff and managers. One professional told us, "I have observed the positive relationships staff have worked hard to build, the knowledge they have on each person and their support needs. It's a pleasure to witness." Another told us "They [Duva Mews] proactively support people to live their best lives."
- People's lives had been greatly improved due to the extremely individualised and flexible support they received. For example, consistent support and careful planning had resulted in people developing new skills. This had increased their confidence move to more independent living and require less support from staff.
- People's wishes and desired outcomes were truly central to the planning and delivery of care and support. For example, one person with communication needs had been supported by staff and a local writer to complete an autobiography which had recently been published. They told us, "I feel happy and brilliant achieving my lifetime goal of writing my autobiography, I never thought this would be possible but with such a great support network around me I have been able to do it."
- The truly person-centred, consistent care and support from staff had resulted in people's physical health and well-being being greatly improved. For example, one person with an extremely rare physical condition that affected their weight had been supported by staff to lose weight and become more active. The service had received very positive feedback and praise from professionals regarding this.
- Due to innovative methods, such as assistive technology, people maintained their independence whilst still receiving consistent care and support. For example, the service sought and purchased an audio microwave for one person with a sight impairment to enable them to cook and prepare their own meals independently.

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 enriched people's lives through carefully planned activities and consistent care and support. For example, one person with limited mobility had been supported to access activities they had set as life goals, such as horse riding and trampolining.
- The strong passion held by staff to bring meaning to people's lives had resulted in positive outcomes. There were many examples of increased social interaction and strong friendships being developed. One person told us, "[Person name] is like my sister, she always looks out for me. I never had that before. I love it here [Duva Mews]." One person with a history of social isolation and increased anxieties in social settings had been encouraged and supported to attend sporting events and comedy shows.

- People were empowered to explore and develop new personal relationships and staff supported them to do so. One person told us, "I want my boyfriend to move in with me and they [staff] are helping to make this happen. They are teaching me about safe relationships."
- Staff spoke with immense passion about the impact they had had on people's lives through activities and events. They told us how proud they felt when people had achieved their goals and were enthusiastic about taking on new challenges to support this.

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 registered manager was passionate about empowering people to make everyday choices and decisions and used various methods of communication to support this. For example, one person with a sight impairment had a computer with an audio setting to enable them to communicate through e-mail and access their weekly timetable of support.
- Communication aids and assistive technology was used to help people maintain independence and access information important to them. For example, staff had purchased an interactive device for one person with a sight impairment so they could access information such as the day, time and weather to help them plan their day.
- Various other communication aids and devices were used to support people with identified communication needs or sensory impairments, such as picture cards, braille and lightwriters (keyboard communication device).

End of life care and support

- No-one using the service was currently receiving end-of-life care, however people's wishes and preferences for this time in their lives was considered as part of the care planning process.
- Staff received training in end-of-life care as part of their induction process and had access to additional training if required.

Improving care quality in response to complaints or concerns

- The service maintained a detailed record of all complaints and concerns raised and the action taken. The records clearly showed that people were listened to and improvements made following issues raised.
- People and family members knew how to raise a concern and were confident issues would be addressed.



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.

This was the first inspection since the service was registered with CQC. At this inspection this key question has been rated outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The registered manager showed immense passion for their role and placed people at the heart of the service. This was shared by all staff who were motivated to deliver care that resulted in many positive outcomes for people.
- It was extremely evident that the provider's values and ethos of putting care at the heart of the service, making a difference and enabling people to live fulfilled lives, was embedded in everything the staff did. The registered manager told us, "[Provider names] are so passionate about the service they provide, they are very much hands-on and people's needs are always at the centre of everything they do."
- Professionals spoke extremely highly of the person-centred care delivered by the service. One professional told us, "Both [registered manager] and [deputy manager] have a passion and drive not only to support people but also the staff team. I have seen many positive outcomes for the people they support." Another told us, "They [Duva Mews] are exceptional at recognising and acting correctly if their service and environment isn't the correct one for people."
- People and family members told us lives had greatly changed due to the values held by the registered manager and staff team. Some people told us their health and well-being had greatly improved, others told us they had learnt new skills and were now living more independently.

Working in partnership with others

- The registered manager and staff team had developed extremely strong working relationships with other agencies and organisations and worked collaboratively to provide good outcomes for people.
- Numerous professionals spoke enthusiastically about their close working relationship and how professional and supportive the service was to them and people being supported. One professional told us, "We have a strong working relationship with [registered manger] and [deputy manager]. They provide a great service and share our value. They have supported us with complex cases and stepped in at short notice to pick up failing services."
- The registered manager had developed an extremely positive relationship with the owner/landlady of the apartment block (charity organisation). This had resulted in developing people's daily living skills and supporting them to live more independently. The owner told us, "[Registered manager] is a natural, she is wonderful at what she does and shares our vision of inclusion."

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

- The registered manager and management team understood the importance of empowering people and involving them in the service and continuously looked at ways to do this.
- People were encouraged and supported to be included in the recruitment process and the training of staff. For example, one person with a rare condition told us, "I have given talks to staff about my condition to help them understand it more. Now they know me much better and what I need."
- The registered manager and landlady of the apartment block held a strong ethos of 'community inclusion' and organised many events collaboratively to support this. For example, each year staff and people delivered Christmas gifts to disadvantaged people in the local area.
- Staff felt hugely involved in the running of the service and commented positively about how engaged they were. One staff member told us, "[Registered manager] actively listens to our suggestions and gives us guidance to help achieve this. She makes me feel confident and valued and always praises and acknowledges us."
- The registered manager was committed to respecting the protected characteristics of both staff and people using the service. For example, staff were quick to identify that one person was extremely unhappy with their gender identity and supported them explore this.

Continuous learning and improving care

- The registered manager described how extremely supportive the provider had been of manager and staff development. They told us, "The support and progression I have had with Cherish has been phenomenal, [owner names] really invest in their staff and management which is filtered down through the staff teams and everything we do and achieve."
- Staff spoke highly of the support they received from the manager to improve their skills and develop within their role. One staff member told us, "[Registered manager] has been amazing, she encouraged me to become team leader and supported me through every step. She has taught me so much, I have learnt from her how to better express myself in writing."
- Regular checks were completed on the overall quality and safety of the service. Spot checks were completed on staff in people's homes to ensure care was of a high standard.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 was highly respected by staff who spoke very positively about her knowledge and skills and the impact they had on the service people received. One staff member told us, "[Registered manager] is the cog to this whole service. She is so supportive, never ignores us and is really understanding. She knows her stuff."
- There was a clear management structure within the service. Each member of the senior team worked closely together to maintain quality care and promote and achieve positive outcomes for people.
- The registered manager was aware of their legal responsibilities and the importance of investigating incidents/events that occurred.
- Professionals spoke positively about the registered manager's openness and transparency when issues arose and how well they worked together to resolve them.