

Cherish UK Limited

# Cherish UK Ltd

## Inspection report

Globe Park  
Moss Bridge Road  
Rochdale  
OL16 5EB

Tel: 01706254589  
Website: [www.cherishuk.co.uk](http://www.cherishuk.co.uk)

Date of inspection visit:  
02 March 2023  
03 March 2023

Date of publication:  
22 March 2023

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Cherish UK Ltd is a domiciliary care agency. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection the service was providing personal care to 120 people.

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

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.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

**Right Support:** People were supported within their own homes, and for some people, in the wider community. Promoting and maintaining people's choice and independence was important to all staff we spoke with.

**Right Care:** Managers and staff placed great importance on providing person centred care and support, that was based on what was important to and for the person.

**Right Culture:** There was a culture of compassion and respect for people who used the service. Staff spoke about people in caring and kind ways.

We found improvements had been made and there was an ongoing programme of recruitment, but we received mixed feedback from people about staffing and call timings. The provider had introduced an electronic system which alerted managers to any late or missed calls. Electronic records indicated calls were usually within allowances of commissioned care. Staff told us calls were well organised and they had sufficient time to provide people with the care and support they needed. Staff training now included some condition specific training relevant to the needs of people staff were supporting. This was still being developed further to reflect individuals conditions and needs. All required checks had been undertaken prior to staff commencing employment. Staff had received training in safeguarding people from abuse and medicines administration. Risks to individuals, staff and within people's homes were identified and well managed.

The service was well managed. There was a range of detailed quality monitoring, auditing and oversight. Senior managers for the provider had oversight of the service and all quality monitoring. The registered manager and operations manager told us they would seek people's views about issues raised during our inspection regarding staff deployment and consistency. Staff were very positive about the registered manager and working for the service. There was an appropriate system in place to manage complaints raised. Statutory notifications are reports of certain changes, events and incidents that the registered providers must notify us about that affect their service or the people who use it. Notifications to CQC had been made as required.

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

#### Rating at last inspection

The last rating for this service was requires improvement (published 19 June 2021).

At our last inspection we recommended that the provider consider condition specific training, continued to review staffing levels and staff deployment and reviewed audit processes to ensure they were robust and identified areas for improvement. At this inspection we found the provider had acted on any recommendations and improvements had been made. However, we have made a recommendation about gathering and responding to people's feedback about their experiences of the service provided.

#### Why we inspected

We undertook this focused inspection to check the provider had acted on our recommendations and to confirm they met legal requirements. This report only covers our findings in relation to the Key Questions of Safe and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Cherish UK Ltd

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was undertaken by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Two inspectors visited the service on day 1 and an expert by experience spoke with people who used the service and relatives by telephone. On day 2 an inspector spoke with staff and relatives of people who used the service by telephone.

#### Service and service type

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

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

Inspection activity started on 2 March 2023 and ended on 3 March 2023. We visited the location's office on 2

March 2023.

#### 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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

With their permission we spoke with 6 people using the service and 8 relatives via telephone. We also spoke with 10 staff including; support workers, the registered manager and the operations manager. We reviewed a range of records, including risk assessments and care records, records relating to medicines, staff recruitment, training, accident and incidents, complaints and safeguarding logs. A variety of records relating to the management of the service, including audits, monitoring and policies and procedures were also reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection we recommended the provider continue to review staffing levels and the times people require their care and support to be delivered and amend staff rotas to reflect people's needs and preferences. The provider had made improvements.

- The provider had introduced an electronic system which alerted managers to any late or missed calls. This also used GPS to pinpoint exactly where staff were. Electronic records indicated calls were usually within allowances of commissioned care.
- We received mixed feedback from people about staffing and visit timings. Some people stated staff were often late or not at the time expected and were rushed, others were satisfied with time keeping and care provided. Visits were usually organised so that people and staff got to know each other. Some people told us this had not happened recently.
- We discussed staffing with the registered manager and operations manager. They told us they were not aware of all the concerns raised with us.

We recommend the provider reviews processes for gathering and responding to people's feedback about their experiences of the service provided.

- The registered manager told us there had been a period of increased staff sickness in January and February this year that had required staff to be moved to cover which meant there needed to be changes to usual staffing arrangements, to ensure everyone received appropriate care. There was also an ongoing programme of recruitment and a number of new staff had started since the beginning of 2023.
- Staff told us call visits were well organised. They said there was sufficient time to travel between visits and they were able to provide the care people needed. One said, "The call structure is fantastic now, we get paid for travel time and petrol. We get enough of a gap between calls. They give us areas within our local area so there is not much travel required, it is a lot better."

At our last inspection we recommended the provider considered condition specific training, relevant to the needs of people staff are supporting, and assessed staff confidence and competence in these areas. The provider had made improvements.

- Staff received training that reflected the Care Certificate. This is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

- Training now included condition specific training relevant to the needs of people staff were supporting. This was still being developed further to reflect individuals' conditions and needs. We saw staff had recently completed training relating to diabetes.

- All required checks had been undertaken prior to staff commencing employment.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes helped safeguard people from the risk of abuse.
- Staff had received training in safeguarding people from abuse and whistleblowing. Procedures were in place to guide staff should they have any concerns and staff were confident any concerns raised would be dealt with appropriately.
- People said, "I have no issues with the carers as they are really good. I love them to bits", "I feel [person who used the service] is safe without a shadow of a doubt, if issues arise I talk them through with [staff name] and they deal with it" and "I feel safe with the carers who come to me."

Assessing risk, safety monitoring and management

- Risks to individuals, staff and within people's homes were identified and well managed.
- Care records were person centred and contained information to guide staff on the support people needed. This included how people's health conditions may affect them. Staff told us records were updated when people's needs changed. One said, "We let the office know of anything that are discrepancies (in care records). We tell them and it gets updated straight away."
- Detailed risk assessments were in place to help minimise the risk to people and staff from people's home environments.

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 MCA 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- We found the service was working within the principles of the MCA.

Using medicines safely

- Systems were in place to ensure people received their medicines as prescribed.
- Staff had received medicines training and had their competency assessed.
- Records relating to medicines administration were audited regularly.

Preventing and controlling infection

- There were ample supplies of Personal Protective Equipment (PPE). Plans and procedures were in place to manage the risks associated with Covid-19 and other infectious diseases.
- Staff had received training in the use of PPE. We saw that use of PPE was part of spot checks and had been discussed at staff meetings.



- We received feedback from some people that staff did not always wear gloves or aprons when they should. We discussed this with the registered manager, they told us they would re issue guidance to staff and discuss again in meetings.

#### Learning lessons when things go wrong

- Records were kept of accidents and incidents. These were monitored by the registered manager, but there were no records of analysis for themes or patterns. We discussed this with the registered manager, who confirmed they did review the information to look for themes and patterns and said they would ensure this was evidenced in a separate log.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

At our last inspection we recommended the provider review audit processes to ensure they were robust and could consistently identify areas where improvements could be made. The provider had made improvements.

- The service was well managed. There was a range of detailed quality monitoring, auditing and oversight processes. Senior managers for the provider had oversight of the service and all quality monitoring.
- There were regular spot checks of staff performance and competency. A new mentoring programme had started. This enabled new staff to work alongside experienced staff and work through topics including infection control, personal care, continence, medication and nutrition. This included knowledge checks and observed practise.
- Staff told us the service was well managed. They were very positive about working for the service. They said, "I just enjoy my job, the teamwork between us all, the clients, we have some lovely ones, it makes you want to get up and go to work" and "I like it here. The clients are nice, the office staff are nice, you can go to them, they are friendly and supportive. You can always ring if there's problems."
- One person said, "The manager and the office staff are very good. If I raise a concern they deal with it. They always act professionally."
- There was a positive approach to learning and improving the service. A staff member said "[Registered manager] is very supportive; you can talk to her. She's someone that supports you. It's about teaching us. If you've done something wrong, you'll get training to complete or they'll try and sort it out. It's dealt with rather than just put off." We received mixed feedback about staffing levels and consistency of staffing. We have addressed this in the safe section of this report.

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

- We saw 69 people had responded to the last survey, completed in August 2022. Questions included if people were happy with the carers, office staff, overall service and if people would recommend the service. We saw that 61 people had responded that they would recommend the service. Following feedback from people we received during the inspection the provider told us they would bring forward the satisfaction survey to seek people's feedback and would ensure the questions covered the areas people had told us they

had concerns about.

- There was an appropriate system in place to manage complaints. Evidence supported that where people had raised concerns to managers, action had been taken to address the concerns.
- People said, "I have spoken to the manager on a couple of occasions when an issue has arisen. We have been satisfied with the service [person] receives and had no really major incidents or complaints" and "The office staff have always been so polite and helpful. If there's anything I ask they always look into it." A relative said, "They always turn up and they always meet [persons] needs. I am very happy with it."
- There was a range of meetings for staff to discuss any concerns or ideas for improving the service. Staff told us they were listened to and felt valued. One said, "We have a staff member of the month, and we get a newsletter every month. They send birthday cards too. They remind us about certain things every now and then, like PPE use, we always get reminded but also praise."
- There was a service user guide and statement of purpose to inform people of what they could expect from staff and the service.
- The service worked with other organisations and health care professionals to provide appropriate support to people. A staff member said, "One thing I've noticed with this company, it's not just a money-making scheme. If you call [office] about a client's health and wellbeing then they'll contact district nurses. They are spot on."

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;

- Records confirmed the registered manager and the provider understood and acted on the duty of candour.
- Statutory notifications are reports of certain changes, events and incidents that the registered providers must notify us about that affect their service or the people who use it. Notifications to CQC had been made as required.
- Systems were in place to protect people in the event of an emergency. Contingency plans gave information to staff on action to take for events that could disrupt the service.
- Policies and procedures were available to guide staff on what was expected of them in their roles.