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Cherish Care

Inspection report

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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?	Outstanding ☆
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 1 and 2 November 2018 and was announced.

Cherish Care is a domiciliary care service providing support to people living in their own homes, a majority of whom are privately funded. The service specialises in providing care for people living with dementia or who are at the end of their life. The service also offers support to people with other needs, such as older people and people living with physical disabilities, to enable them to continue living in their own homes. On the day of our inspection there were 42 people receiving support from the service. The service is family run and based in Henfield, West Sussex.

The service had 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'. 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.

People and relatives praised staff as exceptionally caring and compassionate. People were supported by professional, well trained staff who they viewed as family and friends. People's views, experience and contributions were sought and valued. The agency had a strong, visible person-centred culture. People were at the heart of everything they did, they were made to feel valued and that they mattered. The service went that extra mile to exceed people's expectations of the service.

People received an outstanding level of person-centred care. Staff knew people's background, previous occupation, likes and dislikes extremely well and went the extra mile to create positive experiences for people.

People were matched extremely effectively with staff who shared their interests and could deliver person-centred care. There were sufficient numbers of staff to meet people's needs. People received very good continuity of support from a care team that were flexible and adaptable in ensuring this was maintained.

People and their relatives spoke told us how highly the service was thought of in the local areas they served and how they had recommended them to others. One relative told us, "We could not ask for better support as my mother wants to be at home. I would definitely recommend Cherish carers."

There was a very positive, inclusive culture across the management and staff team. Staff were encouraged to think creatively of ways to engage people in their interests and explore experiences to enrich their lives.

People and their relatives we spoke with told us they would be comfortable raising a complaint if needed but we found very few complaints had been raised. The provider was proactive in ensuring that complaints and issues were used to drive improvements.

Personalised risk assessments provided comprehensive guidance for staff, who were vigilant in identifying risks and took steps to reduce them. People received their medicines safely and on time from staff who were trained and assessed to manage medicines safely. Staff were trained to be aware of signs of abuse and were encouraged to report concerns, which were investigated. A robust recruitment process was in place to make sure people were cared for by suitable staff.

Staff received a comprehensive training programme to ensure they were skilled and knowledgeable to deliver effective care. Staff were receiving induction, supervisions and appraisals and told us they felt very well supported by the management team.

The service worked in partnership with professionals and outside agencies to ensure people received effective support. Staff worked with local groups like Know Dementia and Age UK to share and receive knowledge on best practices.

The provider had implemented good quality assurance systems which routinely reviewed people's care to drive improvement. The service was following best practice guidance from the National Institute of Health and Care Excellence, in-particular for ensuring effective quality assurance practices.

At the last inspection on 1 March 2016, we rated the service overall as good. At this inspection we found that the provider had improved to outstanding.

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.

People's individual risks were assessed with actions taken to reduce them as much as possible.

People were protected because staff had been trained to recognise and report abuse. Staff were confident any concerns reported were acted upon.

People were supported by enough staff that arrived on time and stayed for the required time.

People received their medicines on time and in a safe way.

The provider ensured that people were protected through robust recruitment procedures.

Is the service effective?

Good

The service was effective.

Staff received the training and support they needed to be effective in their roles.

People were supported to have enough to eat and drink and their health was monitored. People were supported to access the health care services they needed.

People's needs had been assessed and their consent to care and treatment was sought in line with legislation and guidance.

Is the service caring?

Outstanding

The service was exceptionally caring.

People said staff were exceptionally caring and compassionate. Staff went out of their way to make sure they had a good quality of life and wellbeing.

People benefitted from a service which had a strong, visible, person centred culture. People were at the heart of everything

they did, they felt valued and that they mattered.

People could express their views and be actively involved in decisions about their care.

People were supported by staff they knew well and had developed good relationships with.

People's privacy and dignity was respected. Staff supported people sensitively with their personal care needs.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

The service worked in innovative ways to enrich people's lives and improve their wellbeing.

People received a personalised service that promoted their independence and enhanced their quality of life.

People's care plans included information about people's likes, interests and background. They gave clear information about the support people needed to meet their physical and emotional needs.

Staff supported people with exceptional compassion at the end of their life to have a comfortable, dignified and pain free death.

Is the service well-led?

Good

The service was well-led.

The providers vision and values were clearly demonstrated by a focused and dedicated staff team.

People were encouraged to share their opinion about the quality of the service to enable the provider to identify where improvements were needed.

Staff understood their roles and responsibilities and were given guidance and support by the management team.

Systems were in place to monitor the quality of the service provided.

Cherish Care

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.

This inspection took place on 1 and 2 November 2018 and was announced.

We gave the service 48 hours' notice of the inspection site visit. We did this as the service is a domiciliary care agency and we wanted to ensure that appropriate office staff were available to talk with us, and that people using the service could be made aware that we may contact them to obtain their views. The inspection team consisted of one inspector 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.

We used information the provider sent us in the Provider Information Return (PIR) to complete the inspection report. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at this and other information we held about the service. This included notifications. Notifications are changes, events or incidents that the service must inform us about.

We spoke with six people who used the service and with six relatives of people using the service over the telephone. During the inspection we spoke with seven staff members that included three care staff, the provider, two care co-ordinators and the registered manger. We observed the staff working in the office dealing with issues and speaking with people over the telephone. After the inspection we received feedback from two health and social care professionals.

We reviewed a range of records about people's care and how the service was managed. These included the care records for five people, and records relating to medicine management, staff training, support and employment records, quality assurance audits, incident reports and records relating to the management of the service.

The service was last inspected on the 1 March 2016 and was awarded the rating of Good. At this inspection the service had improved to Outstanding.

Good

Is the service safe?

Our findings

People told us that they felt safe being cared for by Cherish Care. One person told us, "They are a very safety conscious group of carers." Another person said, "They are very safe because I can trust them with everything, my security, my personal safety and my mobility." Cherish Care provided support to people in predominantly rural areas and people told us that staff made them feel secure in their homes. One person said, "They weigh up all the risks and you don't have to worry about strangers coming to the door. They wear uniforms and identity badges." Another person told us, "I have a key safe and they make sure everything is locked up safely."

People's safety was enhanced through the provider's emphasis on continuity of staff. The provider looked to recruit staff from local areas, planned people's care geographically and ensured, as much as possible, that people received the same care staff each week. People we spoke to, and records we saw, confirmed that continuity was prioritised. One person told us, "I think I know them all. They don't chop and change so that makes you feel safe. Some of them are from the village, it is like a family."

The service had a clear and accurate policy for safeguarding people from abuse. Staff were aware of how to protect people and the actions to take if they had any suspicions of abuse. Staff training in protecting people was part of their induction programme and they received regular update training to ensure they were compliant with local authority safeguarding issues. One staff member told us that continuity of care was essential to identifying signs of abuse. They told us, "This helps as you need to be aware of subtle changes that can be indicators of abuse."

There were sufficient numbers of staff to meet people's needs. Electronic staff rotas confirmed there were sufficient numbers of staff employed to ensure visits were covered and to keep people safe. Staffing levels were determined by the number of people using the service and their needs. The provider had ensured that contingency and advanced planning was in place to ensure that people's care could be delivered effectively and safely. Contingency plans were in place to protect people's support in the event of inclement weather, service failure or other unforeseen emergencies. The service ran an out-of-hours on-call system that enabled changes and incidents to be dealt with. The provider had access to an off road 4 x 4 vehicle in winter that could support staff to access people's homes.

Risk assessments had been completed prior to people's care starting. Staff had received training on completing risk assessments to enable them to identify and complete them. Environmental risk assessments were thorough and included risks inside and outside of a person's home. For example, one person's environmental risk assessment was linked to lone working guidance and required workers to put salt on pathways and outside the door to allow the person, and staff, safe access around their home. Checks had been carried out on electrical appliances, smoke detectors and safety devices as well as the safe storage of cleaning materials. People had individual risk assessments undertaken and care plans written for any needs identified, which were reviewed and updated regularly. For example, about how to move people safely, including details of any moving and handling equipment. One person's mobility assessment had been updated in a timely manner to reflect the changing risks associated with them requiring increased

support in bed.

People received support with their medicines in a safe and timely way. People were assessed to determine the level of medicines support they needed and some would administer their own medicines with minimal support to encourage independence. Staff who administered medicines were trained and assessed to make sure they had the required skills and knowledge. Medicines Administration Records (MAR) were reviewed regularly to ensure that people were receiving medicines safely and spot checks and observations were carried out to ensure that people were receiving them safely. MAR charts had been completed correctly and where gaps were evident, there was clear instruction as to the reasons why, for example when a person had been admitted to hospital.

People continued to be protected through effective infection control practices. Staff had completed infection control training and the provider had detailed policies and procedures in infection control. Protective clothing, gloves and aprons were provided for use when providing personal care. Regular checks of staff practice were carried out by senior staff in people's homes, known as 'spot checks.'

The provider ensured that people's safety was consistently maintained following incidents and accidents that had occurred. These were recorded and monitored through the providers own recording systems. The management team reviewed incidents weekly to identify possible triggers, and held quarterly quality assurance meetings to review incidents and establish any trends that required improvements to service delivery. Care plans and risk assessments were updated to reflect any changes following analysis of incidents and accidents.

Good

Is the service effective?

Our findings

People told us they were supported by skilled staff and relatives we spoke to remained confident in the support provided to their family members. One person told us, "They are very well trained." Another person said, "They treat everyone alike and they are renowned for their expertise in the village."

The provider placed a great emphasis on developing a skilled workforce that fully meet the needs of the people they supported. New care staff received a full induction during which they completed the Care Certificate. This is a set of standards for health and social care professionals, which gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support. Staff had access to essential training and regular updates, which included training in areas such in moving and handling, medicines, and safeguarding. People needs were also supported by staff training in areas of specific need such as dementia, challenging behaviour, wound care, diabetes and Parkinson's. Staff also shadowed established care staff to understand the role and care they would need to provide. One person told us, "Whenever a new care worker is introduced, the manager or senior care worker brings her in to introduce her to us and afterwards she works with an experienced care worker for a few weeks."

The provider was continuously looking to improve its training so that it was more meaningful and effective for staff. This included introducing previous incidents into current training courses to promote learning and understanding to staff. The provider was proactive in encouraging new people without any previous care experience, to join the service. As such, the management team looked to implement a more practical approach to training such as moving and positioning for example, where new staff were unfamiliar with the different types of equipment used to move people. Greater emphasis is placed on specific practical observations and competency assessments following the completion of training. For example, staff received observations on their practices in areas such as dementia support where their communication approach and interactions were assessed. The provider had utilised the Skills for Care mapping tool to link the updated care certificate training to the professional qualifications such as a National Vocational Qualification (NVQ) or Qualifications Credit Framework (QCF) in health and social care that some care workers were undertaking. The impact of this practice was that workers learning was linked and allowed them to qualify and complete these qualifications in a shorter timeframe.

Staff continued to assess people's care and support needs, so they could be certain that their needs could be met. Information was used to develop a comprehensive care plan for each person which detailed the person's needs, and included clear guidance to help staff understand how people preferred, and needed, their care to be provided. Where necessary, staff had sought guidance from professionals to ensure that they delivered care effectively. For example, a moving and positioning assessment had been undertaken to determine whether one person was safe to transfer between their wheelchair and bed. As part of the assessment, staff had sought professional guidance from the district nurse to determine whether these transfers would adversely affect the wound care treatment the person was receiving at the time. One person told us, "Just the way they use a board to transfer me from my wheelchair demonstrates their skills." People were informed by staff of any changes to their support. One person told us, "They tell me if anything needs

changing or when it needs adjusting."

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". People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The provider was not currently supporting anyone living at home under any restrictions or safeguards because of lacking capacity. However, records showed that the provider had previously taken the appropriate actions in ensuring that relevant parties had been involved in making decisions that were made in the person's best interest. Staff had a very good knowledge and an understanding of the MCA and had received training in this area. People told us that their consent and opinions were sought and respected. Staff told us how they would check consent with people and were aware of the principles around assuming capacity. One staff member told us that in the absence of being told someone lacked capacity in a particular area, "I always assume people can make a decision."

The service had been effective in working together and across organisations. One person had been identified as requiring ongoing care on the ground floor of their home due to their increased needs. Staff intervened on the person's behalf when family members were unable to support them during the process, and organised and carried out the movement of furniture and equipment in the person's house, while liaising with OT's to install the appropriate moving and handling equipment. Staff also provided emotional support to the person's spouse during the transition. People received an effective service from staff when they were discharged from hospital back to their homes. The registered manager told us that they co-ordinated directly with the ambulance service when people returned home to ensure that people's individual moving and handling needs were met safely and appropriately. Staff would arrange to meet the person on arrival home and ensure that they were transferred safely and appropriately according to their personal needs.

People who required it were well supported by staff to maintain their nutritional and hydration needs. People were able to give their food preferences and dietary requirements during their initial assessment. Information relating to allergies, gluten free requirements and conditions associated with a person's diabetic needs were captured within their care plans. Any cultural or religious requirements were also recorded within the assessment. People told us that staff were proactive and patient when preparing their food. One person told us, "My carer helps me with meals, they are very good." One staff member told us, "I will always make sure that food is properly presented."

People continued to be supported to access healthcare services and to attend appointments with their GP, or specialist health-care professionals. Staff monitored people's health effectively and supported them to make ongoing referrals to other services when their health needs required it. We saw evidence of staff responding quickly and effectively to access healthcare support when it was needed, or when people's needs had changed. For example, one person's GP was contacted and speech and language therapists were accessed when staff identified that the person has experienced unexplained weight loss.

Outstanding ☆

Is the service caring?

Our findings

People and relatives praised staff and described them as exceptionally caring and compassionate. Their comments included, "The care workers are simply wonderful." One relative told us that staff go, "Above and beyond the call of duty." Another told us, "I think they are exceptional."

People and relatives told us without exception that there was a dedicated and exceptionally caring approach by staff and that person-centred care was at the forefront of the service. One person's comment was, "I count it as one of the best things that has ever happened to me when I was introduced to Cherish Care." People talked about how staff were like friends and family to them. This consistent feedback was reflected in the ethos of management and staff of a service that had been run for 13 years and contains three generations of nursing in the family. One family member told us, "I like the way they come to see my mum rather as friends than care workers. She knows all about their everyday lives. They cheer her up and chat. Their work is not just task driven, they are a joy to her."

People were treated with exceptional kindness and compassion and provided with emotional support when they needed it. People told us that staff always spent time with them when they had completed their tasks. One relative told us, "If they have ten minutes left after completing their tasks they sit with her and massage her hands. She loves them." Staff knew people well and what was important to them. One person told us how their care worker had provided exceptional emotional support to them when their pet became ill and passed away. The person told us, "The care workers are wonderful. My care worker knew I was upset and took my cat to the vet when it was very ill and she stayed with it and held his paws. When it died she was very sensitive and this showed in her actions."

People living with dementia were supported by staff who understood their individual needs and who had engaged in dementia awareness sessions and training to ensure that they could deliver exceptional dementia friendly care. Staff had engaged in dementia discussions and role modelling together at the service about the people they supported. There were creative and personalised reflections displayed at the service where staff had identified the challenges the individuals living with dementia faced and how they could support them and each other to overcome these. One staff member told us, "It's about identifying changes all the time, and about thinking ahead and being prepared, and ensuring that routine is maintained. We are well trained to think outside the box if needed." For example, one care worker had noticed that a person with dementia that they supported was becoming reluctant to leave the house. The care workers knowledge of the person allowed them to identify that the person's scarf was missing from their handbag and that this was the only barrier to them leaving. One person's spouse told us, "My husband has dementia. The care workers come in and sit and talk to him but if he falls asleep they attend to other tasks like washing up or ironing which is not in their schedule. This gives me peace of mind while I am working. I think they are very kind and compassionate and they do things in a dementia friendly way." One staff member had described how they had worked closely with one person whose speech had deteriorated because of their dementia, to find the best way of understanding each other. The staff member said, "The more I entered his world the more confident he became. He smiled and laughed and became more tactile with me."

People's emotional needs were supported by staff who thought of innovative ways to ensure and maintain their emotional wellbeing. For example, one person living with dementia developed a close trust of the Cherish Care workers who supported them, but was observed to be finding it increasingly difficult to accept and talk with other professionals. Staff suggested to the district nurses and local authority staff who visited that the person's fear could be overcome if they were able to visualise them in the distinctive green coloured uniforms that the staff wore. Research shows that colour is an important factor for those people living with dementia, that it can have a significant impact on mood and feelings, and that green colour is thought to reduce nervous system activity and help people feel calmer. This suggestion was acted upon successfully. The impact of this was that it allowed the person to reduce their anxieties and feel initially comfortable in the presence of other people and accepting of their support.

People were supported by an innovative approach that ensured that they were involved in decisions about their care and who provided it. One person had expressed a nervousness about receiving support from staff and they, and their relative, had fed this back to the provider. The provider had then developed a 'skills matching tool' that paired people with staff that shared their interests and lifestyles. People were supported to complete detailed personal profiles that captured their likes, dislikes, interests and hobbies. Staff then completed the same profiles which were then analysed and matched on the people that they were likely to form the most caring and positive relationships with. People were then able to choose who they wished to receive support from following this matching process. This also ensured that people felt comfortable with the care worker supporting them and creatively sought to encourage interaction and engagement. One person's interests had been captured during the care planning process had shown an historical interest in motorbikes. They were then matched with a care worker with a passion in this area and could discuss the hobby and their shared interests. Another person with a family history of farming was matched with a care worker who had a passion for the rural outdoors. One care worker described how they had discovered one person who was living with dementia had played rugby in their youth and had supported the person on occasions to the local park to pass the ball to each other. The care worker said, "He really came alive in those moments." The impact of this care matching was that it provided a framework of discussions and activities between people and their care workers when support was being delivered. Staff showed us a 'Who Knows Who' chart which recorded the care workers who had built working relationships with specific people. When situations arose where people were unable to be supported by their regular matched care workers, staff would use the chart to quickly identify other workers who could provide immediate support that maintained the service's personalised approach.

People and their families told us that they were involved in making decisions about their care and were supported fully to express their views. People's suggestions and feedback were at the forefront of the providers drive to provide exceptional support and were captured in a number of different ways. For example, the provider had implemented a learning log in each person's home where care workers would put forward people's ideas, as well as their own for different personalised approaches either for care workers to action or for the management team to use to drive improvement. The log was used to capture people's experiences and how this could be used by others to provide a more enhanced and caring approach. The provider ensured that people who used the service could express their views about their care to others. For example, one person had explained that they were not eating meals prepared for them by staff towards the end of their allocated call. This was then fed back through the learning log. As a result, the person's request resulted in a change to the routine of care workers that ensured that food preparation was completed initially to ensure the person maintained their nutritional needs.

The provider had developed a promotional recruitment video in which people and their family members had volunteered to participate. People were open about their exceptionally caring support and showed a genuine enthusiasm for encouraging new staff to join the service.

Respect for people's dignity and privacy was at the heart of the service's culture and values. Feedback from people and their relatives showed that this was without exception. Staff considered it a privilege to be caring for people who needed support and were thoughtful in the way they were delivering care. They were considering how to help people in all aspects of their lives. One staff member told us, "It's a privilege to be in people's homes. The rapport that Cherish have with people is just brilliant. We are there for the duration, everybody cares." One staff member stated that, "treating people with dignity and respect was a big part of the training and induction." The provider ensured that people's wishes were captured and carried out about how they wished for their dignity and privacy to be respected. One person's outcome stated, 'I will have peace of mind that my home is looked after in accordance with my wishes and preferences.' We saw evidence of subsequent reviews where staff were reminded of the importance of respecting people's home and reporting any issues concerning people's property. People's dignity was ensured sensitively by staff. For example, one person living with dementia, was supported by staff to ensure that they never went out into the community without lipstick on. Although unable to identify and action this independently, staff were aware of the person's preferences and wishes to ensure that they supported the person to apply make-up prior to going out. The impact of this was that the person continued to maintain the level of dignity that they wished for. Staff continued to respect people's wishes about their preference for male or female care staff. When people were supported with personal care, staff ensured that people were given time alone to complete tasks independently but supported them by ensuring doors and curtains were closed. They ensured that people's personal dignity was preserved by covering them appropriately with towels and clothing.

Ensuring people's privacy and protecting their information was managed diligently and sensitively by the provider. A privacy champion had undertaken training in the general principles of the new General Data Protection Regulation (GDPR). This regulation requires providers to maintain and demonstrate evidence of data protection compliance. Staff had received training in the new principles and the provider had developed workshops for staff to discuss responsibilities. People's consent forms and privacy statements were reviewed comprehensively to ensure compliance with the new regulation.

People's protected characteristics, and their diverse backgrounds were respected and considered compassionately. The providers outstanding personalised approach ensured that these characteristics were supported on an individual basis. People who attended specific religious events worked with staff to determine the timings of services they wished to attend. Staff would then ensure that schedules were arranged so that staff could ensure that they could practice their religion. Another person was finding it increasingly difficult to mobilise and attend their regular church service so staff arranged for their local pastor to visit them at home to provide private support with their religious wishes. The provider emphasised the implementation of human rights principles were embedded from the first point of contact with the client by ensuring choice and control from the outset of their care. People's gender preferences for receiving personal care were honoured consistently and compassionately. People were cared for by a service that had a strong, visible, person-centred culture. People were at the heart of everything that staff did and told us that they felt valued and that they mattered. The provider's PIR stated, 'The consistency of positive feedback from clients and their families as to the compassion, kindness and professionalism of our organisation is testament to the embedding of the principles of personalisation in our Organisational Values Statement. The frequent use of the word friends to describe care workers by clients shows the careful development of a trusting relationship between the clients and staff member.'

People's needs were anticipated and staff recognised distress or discomfort quickly. The provider had implemented 'operation winter blues', a creative and proactive plan to discuss with people whether they needed any additional social visits during the longer winter months. Staff recognised that people felt more isolated living in rural locations and sought to ensure that their emotional and social needs were

anticipated. Staff were aware of those people for whom this was an issue and acted in an extremely caring way. For example, one person developed anxieties when they returned from periods of respite care. Staff learned to anticipate these anxieties and recognised that animals were a calming influence on them. Prior to returning home, staff would liase with family and bring animals to their home for therapy and reassurance. Staff had recognised the additional emotional needs of one younger person they supported with a condition that affected their movement and co-ordination, by arranging for them to have a birthday party at the office so that they could celebrate with staff that cared for them.

Outstanding ☆

Is the service responsive?

Our findings

People and their family members told us that they received exceptional person-centred care that put them at the forefront of their support. One relative told us, "The carers are just exceptional."

The provider and staff worked in creative ways to enrich people's lives. For example, people lived in predominantly rural areas and the provider had been proactive in developing support networks and care provision that looked to reduce social isolation and improve people's mental wellbeing. One person had been struggling with their mental wellbeing and had gradually isolated themselves from the local community. The care worker identified an activity that the person had previously shown interest in and suggested developing it as a hobby. Through short community trips with the care worker to explore this hobby, there was a gradual but significant increase in the person's confidence. The care worker built on this improvement and gradually introduced the person to other community activities and encouraged the person to engage in social situations where they would need to interact with people. The care worker introduced them to a local rural walking group where the person started to demonstrate a passion for talking about the village's history. The care worker encouraged and supported the person to put their name forward to act as the guide for a future walk, which they did with great success. The impact of this dedicated and creative approach was that, in the space of a few short months, the person had progressed from refusing to leave their home to take the lead in social activities with members of the local community. The care worker told us, "It instilled a self-belief in him to make independent choices for himself when he was ready to do so."

People were supported by staff to reduce their social isolation in other ways. Staff had identified people who were potentially at risk from social isolation and had arranged for people from different rural villages to meet each other socially and have fish and chips together. One family member told us, "Our carers spend time helping my wife socialise so it is important that they 'gel'." Staff were engaged in a provider led scheme called 'Cherished Activities'. This scheme involved staff in sharing ideas about local activities in order to reduce social isolation. Staff maintained a comprehensive guide to local activities which had been successful in introducing other people to local activities. One person, living with dementia, was supported to spend a whole day at her long-standing wish of visiting a National Trust park.

People were supported by excellent care planning processes that put the person at the centre of the support. Staff demonstrated a flexibility and willingness to arrange schedules that respected people's preferences of care worker and timings that suited both their care and social needs. For example, one person living with dementia was unable to arrange a significant number of extended hospital appointments to enable them to receive important treatment. The care co-ordinator worked directly with the hospital ward to schedule regular appointment times over a number of months on the person's behalf. Due to the person's memory loss, staff then entered all the appointment times in the person's diary and set up reminders to them on the day before each appointment and on the morning of the appointment. Even when some appointments were re-arranged at short notice by the hospital, the service could accommodate so that the person could have continuity with their essential treatment. The service received feedback from the hospital on their commitment and organisation, offering that they had not experienced that level of support

before. One relative told us, "The carers go above and beyond. I think they are exceptional."

People were supported by a responsive and proactive staff team who strived to learn about the complex needs of people through research and the sharing and implementation of their learning. Care staff were actively encouraged to take ownership of researching people's complex conditions, sharing with other care workers through recording their research in a conditions log. For example, one care worker had completed extensive research on a specific neuro-muscular condition that one person was living with. They gathered information on how this affected the person and how staff could provide responsive care that accounted for the condition. This information was then shared with the group of care workers that formed that person's support. Care workers told us that they would voluntarily arrange meetings between themselves to discuss people's specific needs based on conditions such as these and those living with dementia. The impact of this is that people benefitted from a very knowledgeable and dedicated staff group that went above and beyond to understand and support their specific needs. One person told us, "I put my remarkable recovery down to the excellent team work of Cherish carers."

People were supported by staff who went above and beyond to meet their wishes and honour their own choices. For example, one person who smoked was finding it increasingly difficult to do this independently due to a reduced dexterity in their hands. Staff supported the person to use a device that allowed them to hold the cigarette effectively. A professional we spoke to said that staff had, "Gone above and beyond to care and respect their wishes" while stating that the service was, "very person-centred" in their approach. One professional told us, "They are responsive and work very closely with us and involved with customers."

People were supported through use of technology to enhance their care and support. For example, one person living with dementia was supported by staff to engage in an electronic application that required the completion of puzzles based on the organisation of different coloured blocks. The impact of this was that it provided essential mental stimulation and physical dexterity on a level that challenged the person being supported. Staff used electronic devices to bring people's interests to life and improve their emotional wellbeing. Staff recognised one person's frustration at no longer being able to play their favoured musical instrument. The care worker used a musical application to regularly play specific guitar music to ensure that the person maintained their interest and focus on a previously treasured hobby.

Staff understood that for people living with dementia it was important to be providing people with opportunities to enable them to connect with their past and engage in activities. The Alzheimer's Society state that spending time participating in meaningful activities can continue to be enjoyable and stimulating for people, and taking part in activities based on the interests and abilities of the person can significantly increase their well-being and quality of life. It was evident that encouraging people to partake in activities, promote reminiscence and increase their stimulation was an important part the providers approach to care. People with dementia had been supported with extended care visits to put together life story books. Life story books are collaborative processes with the person and family members and the emphasis is placed on using images and photographs to stimulate memories and wellbeing. The registered manager demonstrated the benefits of using local staff to support people in this way. We saw photographs of a care worker's home that they had shown to a person with dementia that they supported. The property was one that the person had contributed to build in their job many decades previously. The person was able to share their own historical photos of them undertaking this built. The impact of this was that through the care worker's actions, the person could share and talk about treasured memories. Another person living with dementia was supported to keep track of what events were occurring in their lives by staff completing entries in their appointment diary of any visits, appointments and activities that person had. The impact of this was that the person anxieties were significantly reduced by having a detailed reference to her routine and daily schedule.

People were supported by creative and proactive schemes, developed by staff, that sought to enhance their physical and emotional wellbeing. Staff recognised that appetite was an issue for some people they supported and began a project called 'Food to Cherish'. Staff shared resources on specific recipes and diets that could be shared by staff to support other people with dietary needs such as food intolerances. Staff used ideas from the scheme to support one person when they returned from respite care. The person's wellbeing and orientation had been severely affected by the period of respite and staff spent time on her immediate return engaging them in their love of baking. The impact of this was that it eased their transition back into their home environment and drastically reduced the anxieties they were experiencing.

Care records provided comprehensive, pertinent information that provided staff with guidance as to how the person liked to be supported and what was important to them. People told us that care workers were extremely attentive to people's specific requests. For example, one person's family member told us, "They never rush my wife. She likes things done her way and the office issued an instruction sheet for carers about the way she wants her bed made." The provider was proactive in ensuring that the service complied with Accessible Information Standards by producing information in different formats for people. These are standards introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand.

The provider had an approach to complaints management that was dedicated to drive improvements in support and to emphasise to people who had raised concerns, that issues would be used to improve the quality of the service. The provider explained that they received very few formal complaints and were proud that any issues were dealt with quickly. One response to a complaint thanked the person for their comments and stated that without this, "We would be unable to adapt and improve the service we provide." The response confirmed that the issues would be addressed with the care worker and that, "This will help them reflect on the care they provided to ensure they make the necessary improvements." People and their relatives were aware of how to make a complaint and all felt they would have no problems raising any issues. The complaints procedure and policy were accessible for people. One person told us that, "they had no reason to complain." One relative commented on how responsive the management were when issues were raised. They told us, "Whenever we have had anything to discuss they get on to it immediately and send me emails by return."

People's support with their emotional needs and carrying out final wishes when approaching the end of their lives was outstanding. The provider specialised in providing end of life care and had a dedicated end of life champion. A care champion is a nominated staff member whose role it is to bring best practice into the home, share their learning, act as role models for other staff, and support them to ensure people receive excellent care and treatment. The end of life lead worked with people to complete an advanced care plan. This gave them the opportunity to discuss their end of life preferences, and to indicate how they wished to be supported. Staff worked closely with local hospices to complete specific end of life training and to explore staff approaches.

Staff were exceptionally caring in their dedicated approach to fulfilling people's dying wishes. For example, one person expressed concerns that they did not wish to leave their elderly, ill dog behind alone when they had passed. Following the wishes of the person, staff made arrangements in order to allay the person's anxiety. Staff stated that the person was visibly relaxed and appeared calmer when these, and other specific arrangements, were completed by them. When discussing their end of life wishes, another person had expressed frustration to staff that he was unable to complete some jobs before he passed which would he indicated would have made his spouse's life easier following his passing. One of these was completing work on his garden as he had planned it. Care workers quickly arranged for professional gardeners to complete the work over the next three days and the person was supported to spend his final moments in bed facing

the garden completed as he had intended.

Good

Is the service well-led?

Our findings

People, their relatives and care staff told us that they were happy with the way the service was managed and led. People and staff spoke warmly of the approach of the registered manager and provider in ensuring that people were well cared for. One member of staff told us that when they were originally looking for employment in care, Cherish Care stood out from everyone else. They told us, "I was attracted by a company that looked very person-centred."

The service had 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'. 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 was led by two providers, one of whom was the registered manager and the other was the lead for human resources and finances. The registered manager spoke with great pride about the development of the service that had been family run for many years. The providers had worked hard to establish a local presence in the mainly rural locations that they covered. People told us that the service's reputation was highly thought of locally and reflected this in their feedback. One person told us, "They treat everyone alike and they are renowned for their expertise in the village."

The registered manager and provider were proactive in ensuring that a transparent and open culture existed, and that its values were embedded across the scheme. The providers vision of providing exceptional personalised care and support to people was clear when talking to all levels of staff in the service. One person told us that they felt the caring approach had been due to the governance of the service. They explained that when they had encountered an issue on one occasion, "The carers dealt with everything. This was a result of their high standard of training and support of management. They are totally open and confident." Staff told us that they felt very well supported by the management team and that the leadership was approachable and supportive with any issues or practice needs that they had. The registered manager and leadership team had created an open and inclusive culture at the service. One staff member told us, "They're great. Very good people." Another staff member told us how particularly supportive the management team had been during a difficult period in their lives. The care worker told us, "They were so supportive and there for me, changing shifts and talking with me which ensured that I could still do my job."

People and relatives were encouraged to provide feedback which the provider used to drive further improvements to the service and used quality assurance surveys to capture this feedback. The registered manager sought to gain people's feedback and opinions with a more personalised approach and looked to implement changes in people's support though conversations with their care workers. The registered manager was proactive in taking a hands-on approach to maintaining contact with people and seeking feedback in person. One person told us, "He does caring himself sometimes to keep his hand in." Care plan reviews were completed monthly and records showed that people were given the opportunity to provide feedback.

The provider used a number of systems to monitor and evaluate the quality and effectiveness of the service. These included audits for medications records and care plans. The management team were committed to ensuring that the service was up-to-date with best practice and new guidelines within health and social care. The provider used NICE (National Institute for Health and Care Excellence) quality standards to inform their quality assurance processes. Each area of service delivery had a dedicated staff lead who was responsible for implementing actions and maintaining quality assurance. These included areas such as person-centred planning, continuity, safeguarding, complaints, and other identified areas of delivery.

Staff had made links with the local community and worked in partnership with other agencies. The registered manager was a board member on a local registered charity called 'Know Dementia' where new ideas were shared about what was possible locally to engage and involve people living with dementia. The dementia lead at the service had also been involved with the group to seek new approaches and activities for the people. The service also linked with Age UK to share and receive areas of best practice to implement. Staff spoke of close partnership working with health professionals such as GP's, district nurses, occupational therapists, dementia teams and speech and language therapists.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way and had sought guidance and advice when required. This meant we could check that appropriate action had been taken. The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.