

## Cherry Care Services Limited

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### Inspection report

4 Beech Grove  
Witney  
OX28 1BD

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### Ratings

#### Overall rating for this service

**Good** 

Is the service safe?

**Good** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Good** 

### Overall summary

We inspected Cherry Care Services on 31 March 2015. This is a family run service that works from a location in Witney and has been providing personal care and support for people with a range of needs who live in their own homes.

This inspection took place on the 31 March 2015 it was unannounced. The inspection team consisted of an inspector and an expert by experience (ExE). An ExE is a person who has personal experience of using, or caring for someone who uses this type of care service.

There was a registered manager in post at the service. 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 were supported by staff that understood that some people needed support to make decisions, and had raised concerns when they felt people were having decision made for them the service did not understand principles of the Mental Capacity Act (2005). The MCA provides a legal framework to assess people's capacity to make certain decisions, at a certain time.

# Summary of findings

Staff were supported through comprehensive supervision that enabled them to reflect and improve on their practice. Staff received relevant training to carry out their role and were offered additional training when people's support needs changed.

People felt safe and the service had sufficient numbers of staff to meet people's needs. Risks in relations to people's support needs were assessed with clear guidance for staff in people's support plans on how to manage those risks.

People benefited from the support of caring staff and told us how they valued their relationships with their support staff and looked forward to them coming. People were involved in decisions regarding their care and their choices were respected.

People's needs were assessed and regularly reviewed. Care staff understood people's support needs and took immediate action if these needs changed with support when needed from other professionals.

People, their relatives and care staff all told us they felt the service was well led. They told us the manager was approachable and took their views on board. The service was family run and its vision was built on a personal experience of quality support and wanting to give other people the same experience. Staff were able to share this vision and people using the service consistently told us that this was also their experience.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

There were sufficient numbers of suitably qualified staff to meet people's needs.

Arrangements for medicines were in place to ensure they were administered safely and stored appropriately.

People were protected from the risk of abuse as staff had a good understanding of safeguarding procedures and the service had an effective procedure in place to ensure people were safe.

Good



### Is the service effective?

The service was not always effective.

The principles of the Mental Capacity Act were not embedded or consistently understood amongst the staff team regarding supporting people to make their own choices.

People were supported by staff who were well trained and supported. Staff received appropriate supervision, appraisals and training.

People were supported to access appropriate healthcare routinely or when their needs changed.

Requires Improvement



### Is the service caring?

The service was caring.

People were supported by caring staff who made them feel comfortable.

People were involved in their care planning and were informed about the service and options available to them.

Good



### Is the service responsive?

The service was responsive.

People's needs were assessed and used to provide comprehensive support plans which staff understood and followed.

People told us the service was responsive. Staff identified people's changing needs and involved other professionals where required.

The service had a clear complaints policy, but regular contact with each service user meant concerns were managed before becoming complaints.

Good



### Is the service well-led?

The service was well led.

Good



# Summary of findings

There was a system in place to monitor the quality and safety of the service and drive improvement. This system was being reviewed as the service got bigger to ensure it was effective.

Staff spoke positively about the team and the leadership. They described the registered manager and other senior staff as being supportive and approachable.

The leadership throughout the service created a culture of openness that made people feel included and well supported.

# Cherry Care Services Ltd

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was 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 the 31 March 2015 it was unannounced. The inspection team consisted of an inspector and an expert by experience (ExE). An ExE is a person who has personal experience of using, or caring for someone who uses this type of care service.

At the time of the inspection there were 20 people being supported by the service, only 17 of whom were receiving personal care. We reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law.

We spoke with the 12 people who were using the service and two people's relatives. We spoke with seven care staff, one service coordinator, and the registered manager. We reviewed four people's care files, records relating to staff supervision, training, and the general management of the home.

# Is the service safe?

## Our findings

People we spoke with felt safe. Comments included, "I have never had to worry that she [my mother] may be unsafe. The carer's talk her through what they are doing & mother has confidence in them" and "My father is very safe, the carer's are very careful".

Staff had knowledge of types of abuse and signs of possible abuse. Staff we spoke with could tell us what action they would take if they suspected abuse. Staff also knew arrangements for alerting external agencies such as local authority safeguarding and the Care Quality Commission (CQC).

Support plans identified risks to people's health and welfare. For example one person, who had difficulties with their mobility, wished to walk freely around their home. They had a clear risk assessment with clear guidance to staff on how to support the person to safely maintain their independence. Risk assessments listed key points for staff to consider and were reviewed regularly. Staff were able to speak with us about the risks to people they supported in line with the guidance we had seen. Support plans summarised risks and also instructed staff to refer to the risk assessment to ensure documented risks were read and understood.

People and staff benefited from environmental risk assessments that identified environmental hazards. There were also emergency plans in place in the event of

incidents that may impact on the service's ability to deliver people's planned care. Incidents and accidents were recorded. These events were monitored with action taken to avoid future accidents.

People's medicines were stored safely in their homes. People confirmed they received their medicines appropriately. Medicine records were accurately maintained and regularly reviewed to ensure safe practice was being followed.

People were receiving care from adequate numbers of competent and skilled care staff. No one we spoke with had experienced any missed calls and people told us carer's were rarely late. The registered manager also confirmed that no visits had been missed for everyone who used the service. The service had sufficient staff to meet people's needs and cover holidays and sickness absences. Staff we spoke with felt at times of sickness or absence there was a pressure to do more, but all staff felt there were sufficient staff. One staff member told us, "there's plenty of us, it's just those times you can't predict, there's a pressure to do more then, but we're a team"

The service followed safe recruitment practices. We looked at five staff files that included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Records were also seen which confirmed that staff members were entitled to work in the UK.

# Is the service effective?

## Our findings

Staff understood that some people may need support with making decisions for themselves and had challenged situations where people were not being allowed to make their own decisions. However, there was a risk that this approach may not be consistently applied as the service did not have an understanding of the Mental Capacity Act (MCA) 2005. The MCA provides a legal framework to assess people's capacity to make certain decisions, at a certain time. Staff had not received training in the MCA and no staff we spoke with could tell us about it. We discussed this with the registered manager and their coordinator who agreed to take appropriate action to ensure their staff had enough understanding to ensure they were adhering to the principles of the MCA.

People we spoke with felt the service was effective, comments included, "'I've never had a problem, because quite frankly they deliver on what they say they will do." and, "they take the worry out of the day for me. I wish I'd found them sooner."

Staff received regular supervision meetings. The registered manager used these meetings to offer personal and professional support to their staff and also used these meetings to develop people's practice. For example, when one member of the team had begun to let their professional boundaries slip whilst supporting people. This was raised with the person and additional support was offered. People's first appraisals were being planned imminently.

The majority of staff we spoke with felt supported. Comments included, "you only have to pick up the phone and the support is there" and "the support is very good, no problems". However, two staff told us that at times they did not feel as supported, one staff member said, "support is good when things are calm but at busy times the support could be better". The registered manager had identified the need to increase management support to share the responsibilities in relations to supporting staff.

Before starting their role staff had a five day induction where they received key training and information about the service. This also included shadowing an experienced care worker until staff felt comfortable to work alone as well as a three month induction process, where staff met with the registered manager regularly to discuss their progress.

Staff also received specialist training from the district nurse or appropriate professionals to ensure they had the skills and competence to meet people's specific needs. In addition staff were able to work toward further professional qualifications to support their own development. For example, one member of the team was being supported through advice and training to develop their role within the service. Other staff told us they felt able to request further qualifications and had been offered them.

Some people had meals prepared for them and told us their carer's always asked what they would like. If the meal required cooking they would make sure it was properly cooked before they set it down in front of them.

People and their relatives told us staff sought consent before supporting them. Comments included, "carer's are very patient with her, even when it takes sometimes for her to make her mind up, they ask and wait, it's very respectful" and "they [staff] are a good bunch, treat me very well, and won't do anything without asking first".

The service accessed relevant healthcare when people's needs required it. One relative told us "I was called to say my relative was unwell, by the time I got home, staff had contacted the GP and a blood test had been arranged. I was very grateful to them." Another relative told us, "my mum's carer noticed a dark mark on her skin, she is bed bound at present. We called the nurse in and thankfully it could be treated before it developed into a full blown sore. I was very grateful to her."

# Is the service caring?

## Our findings

People told us they were well cared for and the staff were caring. Comments included; "If my carer is due to go on holiday, a new carer will shadow her before she goes. I really value that, relationship is important to them" This meant people knew their care team"

People felt like they mattered, one person told us, "When I first sat down with the manager I explained how let down we had been by our previous agency and how important it was that carer's turned up for their visits when they were supposed to. I was assured that my care was the service's paramount consideration, I have to say that they have kept to their word and delivered the caring service promised from the outset."

People told us they were fully involved in their care planning. Comments included, "I stressed to manager how important it was to me that promises about service delivery weren't broken. I haven't been disappointed at all. In fact, I sleep easily at night these days."

There were occasions when the service went beyond what was expected to ensure people were supported and cared for. For example, when concerns were identified regarding

a person's general wellbeing due to their diet, the registered manager provided this person with new cooking equipment. On another occasion the registered manager saw that whilst one person's family were away their relative was running out of their favourite food so the registered manager collected some more. We were shown a thank you letter from this person's relative for the service's care and attention to detail.

Staff we spoke with demonstrated a very caring and committed approach to meeting people's needs and making them feel comfortable. Comments included, "the people we support are the reason I am here" and "I take my role to care for people very seriously, that can sometimes mean doing that little bit extra just to be sure people are comfortable".

Each person and relative we spoke with felt privacy and dignity was respected. Comments included, "they are very careful and cover me up, I feel very much at ease" and "staff treat people how they would like to be treated". One relative also told us that staff were careful not to take away peoples independence. They told us, "staff are good when they are asked to do something for people that they could possibly do for themselves, you can see that staff want people to maintain their ability where they can".



# Is the service responsive?

## Our findings

People's support plans contained detailed and comprehensive information for staff to follow in order to meet people's needs. We reviewed a range of care files for people using the service. For each of these people there were clear assessments in place that were used to develop clear and concise support plans for staff to follow. Staff we spoke with about these people had a very good understanding of their needs.

The service worked with other professionals to ensure people's additional or changing needs were supported. For example, people who required support with their mobility were supported by an occupational therapist to ensure they had the equipment they required.

Every person we spoke with saw the registered manager once a month either for an informal visit, or a more formal review. One relative told us, "The manager came round and I happened to mention that mum had had a slight fall the

day before. She arranged for a falls risk assessment to take place and arranged for my mum to attend an awareness class. I was really grateful to her." Records confirmed that people's needs were regularly reviewed.

People and their relatives told us that the support was flexible around people's needs. One relative told us, "Since starting having carer's from this agency I have never had to worry about my husband being left without anyone to look after him. He has needs which means that the time can suddenly change at short notice. I find the agency very good and that they will change the time of the visit to accommodate when he needs it".

The service had a complaints policy and information regarding complaints was given to people when they started receiving the support. People told us they knew how to make a complaint if it was necessary to do so and were confident they would be listened to. This meant the service took action to prevent complaints arising.

# Is the service well-led?

## Our findings

People and their relatives spoke highly of the manager and complimented their professional and approachable manner. Comments included, “the manager is very approachable, always polite and friendly on the phone, and nothing is too much trouble”. Some staff raised concerns regarding the amount the registered manager took on for themselves. Comments included, “she is so committed, but can sometimes be a little short when too busy” and “I have nothing but good things to say really, but I think the management could do with more help to sustain things”.

The service was led by a registered manager and supported by a care coordinator. At the time of our inspection spot checks were carried out by the registered manager to ensure people were receiving a quality service. The registered manager had recognised the need for more management support and was in the process of recruiting another care coordinator who would have a specific focus on quality assurance to ensure quality could be maintained. New systems were being put in place that

would identify when events such as supervisions, or care reviews were due or late to ensure the registered manager could maintain a clear understanding of what was happening in the service.

We spoke with the registered manager and the care coordinator about their vision. Their vision of high quality and compassionate care, which sought to share information quickly and responsively regarding people’s care needs, came from a very personal experience of a loved one. Both spoke passionately about wanting to give the people they cared for the same experience. We saw this being communicated through supervision with staff as well as advice given after unannounced spot checks. Staff we spoke with shared this vision, one staff member told us, “I enjoy it here as it’s about the care not about profits”. One person who used the service told us, “I was assured when I started it was the quality of care that was important not growing a business, they have been true to that promise”.

Staff we spoke with felt able to raise concerns regarding poor or unsafe practices in line with the service whistleblowing policy.