

Cherish UK Limited

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Inspection report

Globe Park
Moss Bridge Road
Rochdale
OL16 5EB

Tel: 01706254589
Website: www.cherishuk.co.uk

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21 October 2019

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Globe House 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 agency was providing personal care to 45 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.

There were safe systems of staff recruitment in place. People were protected from the risk of abuse and avoidable harm by staff who understood how to recognise and respond to concerns. Medicines were managed safely.

There were sufficient staff to meet people's needs and staff received the induction, training and support they needed to carry out their roles. People's nutritional needs were met.

People told us staff were helpful and nice. They told us staff always treated them with respect and ensured their dignity was maintained. Staff knew people well and spoke respectfully and with compassion about the people they supported.

People received personalised care that met their needs and took account of their wishes and preferences. Care records were person centred, reviewed regularly and updated when people's needs changed.

There was a system in place for auditing and monitoring the quality of the service. People were positive about the registered manager and the way the service was run.

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

Rating at last inspection

This service was registered with us on 10 October 2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below

Good ●

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 17 October 2019 and ended on 21 October 2019. We visited the office location on both dates.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service. We sought feedback from the local authority. We also asked Healthwatch Rochdale for their views on the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our

inspection.

During the inspection

We spoke with nine members of staff including the registered manager, the group operations manager, two care coordinators and five care workers. With their permission we visited three people who used the service and two of their relatives in their homes. We also spoke on the telephone with one person who used the service and their relative.

We reviewed a range of records. This included four people's care records and three people's medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed training data and policies sent to us.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and avoidable harm.
- Staff had received training in safeguarding people from abuse. Staff were very confident that if they raised any concerns they would be dealt with promptly and appropriately. One staff member said, "100% [Registered manager] is no nonsense. [They] would be straight on it."
- People felt safe with the staff who visited their homes.

Assessing risk, safety monitoring and management

- Risks to people's safety were identified and well managed. This included risks for individuals and in their home environments.
- Care records gave sufficient information to guide staff on how to provide care and support safely.
- Contingency plans gave information to staff on action to take for events that could disrupt the service.

Staffing and recruitment

- There was a safe system of staff recruitment in place.
- Visits were arranged where possible in small geographical clusters to allow staff to get to know people and also to reduced traveling times. People said they usually received support from staff they knew well. One person said, "They are more or less the same staff."
- The service used an electronic system to monitor visits. This flagged any late calls. Senior staff told us this allowed them to immediately see that a call was late and allowed them to take action such as contacting staff members or the person whose visit was late. Visits were very rarely missed. One person said, "They have only missed one visit. That was because they had an emergency elsewhere. They let me know, it couldn't be helped." Most people said staff usually told them if they were going to be late or they would get a call from the office. One person said, "They come when they should. They ring if they are going to be late."

Using medicines safely

- Medicines were managed safely. Records we looked at were completed appropriately.
- We found medicines management policies and procedures were in place. Records showed that staff had been trained in the safe administration of medicines and had their competency to administer medicines checked.

Preventing and controlling infection

- Staff were trained in preventing infection. They used appropriate protective equipment, such as disposable gloves and aprons, to reduce the risk of infection.

Learning lessons when things go wrong

- Records were kept of accidents and incidents that occurred to people who used the service and to staff. Managers monitored accidents and incidents and identified any lessons that could be learned to prevent future occurrences

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's individual needs and choices were assessed before they received a service to check to see if the service was appropriate to meet their needs.
- The needs assessments were used to develop individual care plans which guided staff on how to support people.
- Detailed records were kept in people's homes of all care and support provided. Managers reviewed these records and the care and support was regularly reviewed.

Staff support: induction, training, skills and experience

- Staff received the induction, training and supervision they needed to carry out their roles effectively.
- They received training that the provider considered mandatory and that met the Care Certificate standards. This is a nationally recognised set of standards for training for social care. Staff said of the training, "It is fantastic" and "It's always been good, if you request something they will do it."
- Staff told us they felt supported. They said, "If I needed to talk to anyone I would come in, or ring them, they are really helpful" and "The office staff are really helpful. You can always get hold of someone."

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

- People lived in their own homes and could eat what they wanted. Records we looked at showed that where needed nutritional and hydration risk assessments were completed and people's intake was monitored to ensure they were maintaining a balanced diet.
- Staff had received training in food safety.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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 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.

- The provider was meeting the requirements of the MCA.
- People had signed their consent to care plans and where necessary, a best interest assessment had been completed.
- People made decisions about all aspects of their care and the staff respected the decisions people made.

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

- The staff gave people the support they needed to access appropriate health care services. One person said, "If ever I need a doctor they will send for them."
- Staff worked closely with the district nurse service, GP's and the hospital to ensure appropriate end of life care was provided.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us staff were helpful and nice. People said, "The best thing is they [staff] are all so nice", "They are a lovely set of girls [staff]. They are caring, they look after me. They are more like friends" and "We have little jokes. I can guarantee when they go I am in good form. I wouldn't swap them."
- All staff spoke respectfully and with compassion about the people they supported. They told us they enjoyed the work they did. Staff said, "We are like a family", "I love my job. I really get to know people, they are really nice. I have kept the same people", "We care and we listen" and "I like it. I like meeting people. I enjoy helping people and making a difference."
- We looked at whether the service complied with the Equality Act 2010 and how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion with the registered manager, staff and people demonstrated that discrimination was not a feature of the service. People's cultural, religious and spiritual beliefs were respected.

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

- People were involved in all decisions about their care and support. People told us, "They always ask me what I want doing" and "They always ask; Are you comfortable? Is there anything else you want me to do?"
- Staff demonstrated they listened to people. One staff member said, "Every person is an individual, best thing is to ask them. Ask them what their likes and dislikes are."

Respecting and promoting people's privacy, dignity and independence

- Staff and managers understood how to support people to maintain their independence and how to promote people's privacy and dignity while providing their care.
- Care records included information about what people could do for themselves and how staff could promote people's independence. All the staff we spoke with placed great importance on ensuring people's independence was maintained and promoted.
- People told us staff always treated them with respect and ensured their dignity was maintained. One person said, "They do everything respectfully."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- The service provided people with personalised care that met their needs and took account of their wishes and preferences. People's care plans were developed with them.
- Staff told us they got to know people well. Staff said, "We go to the same person, so we keep in touch with them" and "We get to know people."
- The registered manager told us where possible staff were linked to people based on common interests or compatibility. One staff member said, "If someone doesn't get on with a carer we look at changes. People need to get on. They have to be suited. We always try to match people."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified. Care records guided staff on how to share information with them. They identified if the person needed any help such as staff writing information down for them or wearing glasses or hearing aids.
- The registered manager told us that if required important information was available in accessible formats; including larger print and alternative languages for people for whom English was not their first language.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The registered manager told us that they were developing some activities for people who used the service to access to help prevent social isolation. A craft session had recently been started, this was based in the same building as the service office. People who wanted to attend but needed transport were collected by staff using a mini bus that was shared between the providers other services. We saw that a Christmas lunch was also being organised. The registered manager told us that this had been a great success the previous year.
- People who used the service told us the carers visits also gave them someone to talk with and helped reduce their isolation. One person said, "They are not carers to me they are friends. It was our wedding anniversary. They brought us flowers."

Improving care quality in response to complaints or concerns

- There was a suitable system in place to respond to complaints. Most people said that complaints or

concerns were dealt with immediately. People said, "I have no problems", "I have no complaints" and "If I had any problems I would tell them straight away."

End of life care and support

- People's care records identified their wishes.
- The service provided support for those who wanted to remain in their own homes at the end of their lives. Staff worked closely with the hospital and district nurse team. The service had recently won an innovation in care award which recognised the exceptional care the service and district nurse team were providing.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated 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

- There was a robust system in place for auditing and monitoring the quality of the service. This included regular spot checks and competency checks of staff performance and the support they provided.
- People were positive about the registered manager and the way the service was run. One person said of the registered manager, "[Registered manager] is very friendly." Staff were very positive about the culture created by the registered manager. They said, "[Registered manager] is fantastic, brilliant really fantastic", "We get on very well; [Registered manager] will tell you if [they] need to. [Registered manager] is nice, I can ring if I need to." Others told us, "[Registered manager] tells you that [they] appreciate you" and "The carers all respect [Registered manager]. [Registered manager] is a really good manager."
- Staff said they could always get hold of a manager at the office for help or advice. They said, "They are very good, always helpful" and "They always say thank you. Like sending a text after you've helped them."

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

- People were involved in all aspects of their care and received good quality, person-centred care that met their needs.
- People and staff told us they would recommend the service. People told us, "I would recommend them. They are well organised" and "I would definitely recommend them. They are very good. They know what they are doing."
- Staff were very positive about working for the provider. Staff told us, "They are a fantastic provider", "Cherish [Provider] is a very good company, very organised and they know where they want to be" and "I have recommended two people to use them and two friends to come and work."

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

- There was a system for gathering people's views. This was used to identify how the service could be improved.
- There was a statement of purpose and service user guide. These explained the service's aims, values, objectives and services provided. A newsletter had recently been started. This gave people who used the service and staff important information about new developments and events.

Working in partnership with others; Continuous learning and improving care

- Managers worked with the local authority who commissioned the service and healthcare professionals to achieve good outcomes for people.
- The registered manager had a system in place that enabled them to review any accident, incident, safeguarding or complaint. They kept detailed records of all incidents and analysed them for themes or patterns. This helped ensure they could identify good practice and where improvements needed to be made.
- The service had a range of policies and procedures to guide staff on what was expected of them in their roles.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities under the duty of candour.
- The registered manager had notified CQC of significant events such as safeguarding concerns.