

Cherish UK Limited

# Cherish UK Ltd

## Inspection report

8 Skyways Commercial Centre  
Blackpool Business Park, Amy Johnson Way  
Blackpool  
Lancashire  
FY4 3RS

Date of inspection visit:  
12 May 2021

Date of publication:  
02 July 2021

Tel: 01253766888

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

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Cherish UK is a domiciliary care agency situated on Amy Johnson Way business park in Blackpool. The agency covers a wide range of dependency needs including adults and children, people with a learning disability, people with mental health support needs and younger adults with a physical disability.

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.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted.

Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture. We visited three people who were able to access health and social care community based facilities. With help from staff, they maintained contact with and visited their loved ones. Staff had good knowledge of people's personalities and abilities. Staff were aware of people's likes, wishes and wants and this was reflected in their home environments. We observed people were confident in sharing their views and opinions with staff.

Safe recruitment practices were consistently documented. Safeguarding procedures were in place to protect people from the risk of abuse by staff who understood and were trained on how to recognise and respond to concerns. Infection control systems and audits continued to ensure a clean environment for people. Staff had access to suitable amounts of appropriate personal protective equipment to minimise the spread of infection. Not all staff were participating in regular testing for the COVID-19 virus.

The management team were clear about their roles and responsibilities. They worked in partnership with a variety of agencies to ensure people's health and social needs were met. They provided additional support to promote people's physical and mental health. The registered manager used a variety of methods to assess and monitor the quality of the service. This ensured the service continued to be monitored and improve.

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

### Rating at last inspection

The last rating for this service was good (published 12 October 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

#### 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 well-led?**

The service was well-led.

Details are in our well-Led findings below.

**Good** ●

# Cherish UK Ltd

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

Two inspectors and two Experts by Experience completed the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. This service also provides care and support to people living in five supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

#### Notice of inspection

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

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. This information helps support our inspections. We used all this information to plan our 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.

#### During the inspection

We spoke with 16 people who used the service and six relatives about their experience of the care provided. We spoke with 22 members of staff including the registered manager, office staff and carers.

We reviewed a range of records. This included four people's care records and ten staff files in relation to recruitment. 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.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- Staff were recruited safely. The required pre-employment checks were completed to help ensure staff employed were suitable. These included completing a Disclosure and Barring Service (DBS) check and obtaining references.
- We received mixed feedback on deployment of staff, punctuality and length of visit. One person said, "They usually stay the full time." A second person said, "Yes they do leave early, I don't mind as long as the work is done." However, we were also told, "[On time] not all the time, but that's life."
- Staff rotas showed back to back visits arranged. The registered manager told us rotas were planned in geographical areas. This allowed staff to travel between clients within the travel time included within each visit. Several staff raised concerns travel between visits were not consistently feasible to meet appointment times. One staff member stated, "Travel times varies sometimes this isn't always well planned." A second staff member commented they did not have adequate travel time, "I had to re-write my rota to fit them [visits] all in." The registered manager assured us they planned to introduce new processes to focus on rota planning and on call systems.

### Preventing and controlling infection

- Not all staff were consistently and regularly tested for the COVID-19 virus. The registered manager stated, 'A high number of staff are testing regularly, and we had not had their results sent back in a timely manner, we have sent messages to staff to ensure they send their results back. Tests have been distributed throughout [the pandemic], staff constantly collect, and we also send the tests out when we drop off personal protective equipment.'
- Where people were receiving 24-hour support, we were assured the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date.
- Where people were receiving 24 hours support, we were assured the provider was facilitating visits in accordance with the current guidance.

### Learning lessons when things go wrong

- The registered manager had a system to have an overview of any accidents, incidents or near misses. These were being monitored for trends and patterns to prevent reoccurrence or to learn from events.
- The registered manager confirmed following certain events, reflective practice took place to review if improvements could be made.

### Using medicines safely

- Staff told us they had suitable training and felt skilled to prompt people or administer medicines. None of the staff we spoke with in domiciliary services recalled having their competency in medicines checked. The registered manager assured us staff competency was checked as part of their induction and shadowing experienced staff. One person told us, "They [staff] ask if I have taken my meds If I haven't, they will stay with me until I have taken them."
- Medicines administration records (MAR) were fully completed and contained all information required. Medicines were stored appropriately, and stock checks completed matched recorded totals.

### Systems and processes to safeguard people from the risk of abuse

- The provider had systems to record, report and analyse any allegations of abuse. Staff had received training to recognise abuse and knew what action to take to keep people safe, including reporting any allegations to external agencies.
- People felt safe when being supported. One person told us, "Though I have a different carer each day, I feel safe." A second person said, " I trust them [staff], they lock the door when they come in and when they leave."

### Assessing risk, safety monitoring and management

- The provider had identified risks to people's health and wellbeing, within their care plans. The management team shared changes in people's needs using confidential social media messaging service to ensure staff had up to date information.
- Risks around relatives visiting during the pandemic were regularly reviewed to ensure people could meet loved ones safely at the soonest opportunity.
- Staff knew how to support people in an emergency. People who received 24-hour support had personal emergency evacuation plans which ensured, staff had guidance on how to support people out of the building in an emergency.
- Checks of the premises and equipment had been completed as required, with certification in place to confirm compliance. Fire risk assessments were in place and easily accessible should they be required.



# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider completed additional activities to promote a personalised, positive culture. They had created a foundation to enrich people's lives by providing additional support and tailored activities. During the pandemic they had organised and delivered food parcels to promote people's mental and nutritional wellbeing. At Christmas the management team organised socially distant Santa visits. They spent five nights delivering gifts to children and adults to ensure people had a gift on Christmas morning.
- One person who received 24-hour support was extremely positive on the support they received. They told us, "They [staff] are all perfect. All fantastic. I love my house and my bedroom is done how I want it."
- Staff spoke positively about the management team. They said they did not receive regular supervision but felt supported and could share their views when needed. One staff member commented, "Communication with the office is great via the group [social media messaging service]. Getting through on the phone is very difficult."
- We received mixed feedback from people in the domiciliary care service. Some people found it difficult to get to speak with a member of the management team. We shared this with the registered manager who assured us they would investigate this.

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 in relation to duty of candour and communicated regularly with people and relatives.
- 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 was aware of their responsibilities to report notifiable events through submitting a notification form appropriately to CQC. They had fully co-operated in any discussing resulting from notifications being submitted.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Working in partnership with others

- The registered manager had listened to feedback related to the difficulty in telephoning the office and getting no response. They had introduced new telephone systems to promote better communication.
- Members of the management team had clearly defined roles and responsibilities. These were being reviewed with new roles being introduced based on feedback and lessons learned.

- The provider had worked with Public Health England and the local authority during the COVID-19 pandemic. They had looked at positive risk taking to support people's wellbeing. They supported care homes with staff when they struggled due to staff isolating because of COVID-19 and liaised with the local council in setting up and being part of an emergency workforce team providing ongoing support.
- Regular audits were ongoing to ensure quality services were maintained. These included daily reviews of medicine administration records and regular feedback calls to clients, staff and the local authority.