Mr James Smith and Mrs Denise Smith

Cherish Care

Inspection report

Unit 1, Firsland Studios
Albourne
Hassocks
West Sussex
BN6 9JJ

Tel: 01273494990
Website: www.cherishcare.co.uk

Date of inspection visit:
01 March 2016

Date of publication:
06 May 2016

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

The inspection took place on 1 March 2016 and was announced.

Cherish Care is a domiciliary care service providing support to 35 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 thirty-five 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 told us they felt safe. One person told us "I feel absolutely safe." Staff had received induction training and had access to ongoing training to ensure their knowledge was current and that they had the relevant skills to meet people's needs. People were safeguarded from harm. Staff had received training in safeguarding adults at risk, they were aware of the policies and procedures in place in relation to safeguarding and knew how to raise concerns.

Staff had undertaken essential training as well as training that was specific to people's needs and conditions. People felt that the staff were well trained and felt confident that they had the right skills to meet their needs.

Risk assessments had been undertaken and were regularly reviewed. They considered people's physical and cognitive needs as well as hazards in the environment and provided guidance to staff in relation to the equipment that they needed to use and the amount of staff required when assisting people. People were encouraged and enabled to take positive risks. People's independence was not restricted through risk assessments, instead risks were assessed and managed to enable people to be independent. There were low incidences of accidents and incidents, those that had occurred had been recorded and were used to inform practice.

People received their medicines on time, these were administered by staff that had undertaken relevant training and who had their competence regularly assessed. People were asked to give their consent before being supported with these and there were safe systems in place for the storage, administration and disposal of medicines.

People told us they were asked for their consent before being supported. For example, when being supported with their personal hygiene or to take medicine. Mental capacity assessments had been

undertaken to ensure that for people who lacked capacity appropriate measures had been taken to ensure best interest decisions were made on their behalf.

People had access to relevant health professionals to maintain good health. People were supported with their hydration and nutrition and were offered support according to their needs and preferences.

The provider had reviewed their systems and improved these to ensure that people were integral to the care they received. People were involved in their care and decisions that related to this. There was a strong emphasis on who the person was, what made them unique and what skills and abilities they had. People were asked their preferences when they first joined the service and these were respected and accommodated. Regular reviews and meetings provided an opportunity for people to share their concerns and make comments about the care they received.

The provider had devised innovative systems to ensure that people received support from staff that had similar interests to them, encouraging positive relationships to develop. For example, they had devised a 'skills match' form. People and staff were asked to complete the forms, stating their interests, hobbies, likes and dislikes. The provider the used this information to 'match' staff to people to maximise the chances of positive relationships forming. A relative, whose loved one had received support from staff that had been allocated using the 'skills match' form told us "We were worried about the idea of asking for help with care for our relative. Cherish Care, however, have allayed all our fears, they have treated them with kindness, respect and professionalism, combined with a real sense of fun, which they really need."

The provider had dealt promptly with any complaints and changed practice as a result. There were various processes that people and their relatives could use to make their comments and concerns known. The provider welcomed feedback and was continually acting on feedback to drive improvements within the service.

People were cared for by extremely kind and caring staff. They confirmed that they were treated with dignity and their privacy maintained. One person told us "They are wonderful, they respect my dignity and privacy." Staff knew people's preferences and support was provided to meet people's needs, preferences and interests. The provider ensured that people were supported to maintain contact with their relatives and friends and supported people to access social events to reduce the risk of social isolation. One person told us "I can't fault them, they are a 100% service, a brilliant company."

There was a warm and friendly atmosphere within the service. People were complementary about the leadership and management and confirmed that the aims and values of the provider were embedded in staff's practice. Staff felt supported by the registered manager and were able to develop in their roles. Quality assurance processes were carried out to ensure that the quality of care provided, as well as the environment itself, was meeting the needs of people.

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.

There were effective systems in place to ensure that people were cared for by staff that were suitable to work in the sector. Staff were aware of how to recognise signs of abuse and knew the procedures to follow if there were concerns regarding a person's safety.

People's independence, in relation to taking risks, was encouraged. Risks to people's safety were assessed and appropriate action taken to ensure their safety.

People received their medicines on time, these were dispensed by staff that had undertaken relevant training and whose competence was assessed on a regular basis.

Is the service effective?

Good

The service was effective.

People were cared for by staff that had received training and had the skills to meet their needs. People had access to health care services to maintain their health and well-being.

People were asked their consent before being supported. The provider was aware of the legislative requirements in relation to gaining consent for people who lacked capacity and had worked in accordance with this.

People were happy with the support provided to enable them to eat and drink. They were able to choose what they had to eat and drink and were provided with support according to their needs.

Is the service caring?

Good

The service was caring.

People, relatives and external professionals consistently commented on the kindness and caring nature of staff.

People were actively involved in the care that was provided to them. Staff had an excellent awareness of people's individual needs and used innovative approaches to ensure that people were able develop positive relationship with the staff that supported them.

People's privacy and dignity were constantly promoted and maintained. There was consistent feedback regarding the respectful nature of staff.

People, who were at the end of their life, received effective care, in a way that respected their wishes, from skilled, competent and caring staff.

Is the service responsive?

Good

The service was responsive.

People received a personalised service that was centred around them and the way they wanted to live their lives and be supported. Changes in people's needs were recognised quickly and appropriate actions taken.

People were supported by staff to maintain their individuality, to participate in events in their community and engage in pass times of their choice.

Feedback from people and their relatives was welcomed and encouraged used to improve the service people received. People felt that their views and opinions were listened to an acted upon and were dealt with in an honest, open and transparent way.

Is the service well-led?

Good

The service was well-led.

People and staff were positive about the management and culture of the home. Quality assurance processes monitored practice to ensure the delivery of high quality care and to drive improvement.

People were treated as individuals, their opinions and wishes were taken into consideration in relation to the running of the service and the delivery of the care they received.

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.

The inspection took place on the 1 March 2016. This visit was announced, which meant the provider and staff knew that we were coming. 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 were made aware that we may contact them to obtain their views. The inspection team consisted of two inspectors.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make. Before the inspection we checked the information that we held about the service and the service provider. We used this information to decide which areas to focus on during our inspection.

During our inspection we spoke with ten people using the service, two relatives, five members of staff and the two providers. Surveys had also been sent and received from ten people and relatives and two professionals to gain their feedback on the service. We reviewed a range of records about people's care and how the service was managed. These included the care records for six people, medicine administration record (MAR) sheets, five 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 in September 2013 and no areas of concern were noted.

Good

Is the service safe?

Our findings

People told us they felt safe. One person told us "I feel absolutely safe and comfortable with the carers, they are lovely girls and a great help, I would not change a thing, they watch over me."

People were cared for by staff that the provider had deemed safe to work with them. Prior to their employment commencing, staff's suitability to work in the health and social care sector had been checked with the Disclosure and Barring Service (DBS) and their employment history gained. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable groups of people. This ensured that people were protected against the risk of unsuitable staff being recruited. The provider used the Skills for Care values based questions when conducting interviews to ensure that they recruited staff with values that aligned with their vision and aims. One person told us "The service seem to recruit the right people, staff who have a similar view, there is a good selection process with the staff."

The National Institute for Health and Care Excellence (NICE) Guidance for home care: delivering personal care and practical support to older people living in their own homes, state that visit times should allow home care workers enough time to talk to the person and their carer. That there should be sufficient travel time between appointments and ensure that the worker has enough time to do their job without being rushed or compromising the dignity or wellbeing of the person who uses the service. The provider had adhered to this guidance. They had made the decision of only providing visits that were half an hour or over and ensured that travel time was taken into consideration as well as the geographical area that people lived in when allocating work to staff. People told us that staff were patient and that they never felt rushed. Staff confirmed that they were allocated sufficient time to spend with people. One member of staff told us "I don't feel rushed at all, I'd hate that." Another member of staff told us "I think it's really clever the way it's worked out, there is always enough time to get to the next visit." Another member of staff told us ""We don't do fifteen minute visits, that wouldn't be enough time to do people justice." Staff told us that the provider was receptive to any feedback they provided. One member of staff told us "I thought a person needed more time from us, so I let the manager know. They spoke to the relevant people and more time was allocated. It's great to know that your opinion counts."

People told us that they felt able to contact the provider if they had concerns about safeguarding. They were supported by staff who had undertaken safeguarding adults at risk training. Training was updated regularly and staff were aware of the signs and symptoms of abuse and how to report their concerns using the provider's policies and procedures. One member of staff told us "I would let my line manager know if I saw something. I know they would deal with it but if not, I would come to you (Care Quality Commission)." Another member of staff told us "It's something we're trained to look out for." Staff confirmed that the manager operated an 'open door' policy and that they felt able to share any concerns they had in confidence. The provider was aware of their responsibilities in regards to passing on safeguarding concerns and had raised an alert, to the local authority, in relation to a person's safety.

People's safety was maintained through the completion of risk assessments and the knowledge of staff.

Records showed that risk assessments had been completed when people first joined the service. They recognised risks in the environment to both people and staff. There were risk assessments in relation to lone working for staff and mechanisms in place to ensure that their safety and whereabouts were known. For example, the provider used an electronic system to monitor the whereabouts of staff to assure their safety. Risk assessments in relation to the person's home, were also conducted. These took into consideration factors such as the presence of smoke detectors, exits, smoking, fires and the use of gas appliances. These were reviewed regularly and if necessary, actions were taken to ensure people's safety. For example, during one risk assessment review it was recognised that the person's moving and positioning equipment was starting to become unsafe. Records showed that staff had recognised that the sling that was used to support the person when using the hoist was becoming worn and the stitching was coming undone from one of the straps. This was immediately removed from the person's home, to ensure their safety. A spare hoist sling was used and another one ordered.

Staff were provided with clear guidance as to how to support people safely when assisting them with moving and positioning. People had been fully involved in the assessment of their needs and in the guidance that was provided to staff. For example, one person's care plan provided guidance to staff about how to support the person to safely roll in bed and transfer using the hoist. Staff were reminded to fully involve the person and advise them of what was happening at all times. Records of a review for the moving and handing risk assessment for another person, showed that the person had commented that they wanted to feel more comfortable when being assisted with moving and positioning. The provider had listened to this and staff had been advised to ensure the correct positioning of the hoist sling and the person's clothing to ensure their comfort.

There were minimal accidents and incidents. Those that had occurred had been dealt with effectively and were used to change practice. For example, an accident had occurred at a person's home. As a result the provider had ensured that all staff re-trained and undertook practical risk assessment training. Staff demonstrated a good understanding of how to respond to emergency situations and were aware of the procedures necessary to maintain people's safety. For example, on the day of our visit, one of the care staff encountered a situation in someone's home which required prompt and immediate action. The member of staff acted quickly and effectively, whist maintaining communication with the provider and waiting for emergency services to arrive. The provider and staff demonstrated a flexibility and willingness to adapt staffing input in order to care for people safely and effectively.

People received support with medicines according to their needs and preferences. Staff received training in medicine administration and had their competence to do this regularly assessed to ensure people's safety. People's consent was gained before staff supported them. During the initial assessment of people's needs and during regular reviews people were asked to sign a consent form to state that they were happy for staff to support them. Records showed that the type of medicine, dose, route and frequency as well as the support required to administer this was provided to staff. The provider monitored the administration of medicines during regular observations of staff's practice. Medicine Administration Record (MAR) sheets were collected and analysed to identify any errors or areas of concern. One person, who was living with dementia, required prompting with their medicine. The person was encouraged to be as independent as possible. Risk assessments had been completed and showed that this person had capacity to take their medicines safely, however would require monitoring by staff. Records showed that staff were advised to remind the person to take their medicines and check the medicine to ensure that it had been taken.

Good

Is the service effective?

Our findings

People told us they were cared for by competent and skilled staff. That they had regular carers, who they knew and who knew their needs well. One person told us "Regular carers get it just right."

The provider was committed to workforce development and ensured that the staff team had access to learning and development opportunities to ensure that they were able to deliver care that was consistent with the provider's aims and vision. One professional, who visited the manager to discuss workforce development, told us "Cherish Care were finalists in the Skills for Care accolade regarding staff development and my contact with the manager and staff really reinforced my opinion that they take great efforts to support staff development in a meaningful way."

There was an emphasis on effective learning and development from the outset. New members of staff had completed the Care Certificate as part of their induction. The Care Certificate is a set of standards that social care and health workers should work in accordance with. It is the new minimum standards that should be covered as part of the induction training of new care workers. Staff told us about their experience of undertaking the induction process, one member of staff told us "I'm finding the induction really good. I'm new to this and I haven't felt at all left to my own devices or unsupported." Another member of staff told us "I shadowed staff until I felt comfortable. The help and support was always there."

People were cared for by staff that had undertaken essential training, as well as training that was specific to the needs of the people that they were supporting. Staff told us that they were happy with the training and development that was offered. One member of staff told us "It's not just that we get formal training. I was due to visit someone with a colostomy bag, I'd never changed a colostomy bag before. When I told my manager, someone came out with me and showed me how to do it. I wasn't left to just manage it on my own." Another member of staff told us "I'm training to be the trainer in moving and positioning. I attended a really intense course in London and am now putting together a training package with a colleague to deliver it."

The provider had mechanisms in place to monitor and ensure that the induction training staff undertook was effective. Records and staff confirmed that new staff were observed up to six times, by experienced, senior members of staff, in their first month of employment. Regular observations were also conducted for all staff to monitor their competence and interaction with people. This related to assessments of moving and positioning, medicines management, staff attitudes and personal appearance. Regular supervision meetings were conducted to review staff's competence and identify further areas of learning and development. Staff told us that they were questioned on their level of knowledge of the people that they cared for and that they found the supervision process a positive and supportive experience as they were provided with feedback about their practice. One member of staff told us "It's perfect really, it feels like a chat more than anything." Another member of staff told us "If there's something that needs looking at we do, but it never feels like criticism."

Links with external training providers and organisations were maintained. A majority of staff had undertaken

Diplomas in Health and Social Care or working towards them and the provider had maintained links with a local college and supported staff to undertake apprenticeships. The service specialised in providing care for people living with dementia and for people at the end of their life. There were close links with 'Know Dementia' a local charity that provide advice and support for people and relatives once they've received a diagnosis of dementia. The provider had 'signposted' people and their relatives to the service and had also commissioned training from them for the staff team. A professional, who visited the service to discuss workforce development, told us "The provider has done huge amounts of dementia awareness training in the community in support of a more dementia friendly community. They have also contributed to two good practice guides developed by Skills for Care and regularly get involved in dementia workforce development locally." Two managers were responsible for leading a team of staff in each of these areas. All staff had completed additional training on end of life care and supporting people living with dementia.

Care plan records for one person, living with dementia, showed that the training had been effective and implemented into practice. For example, staff adapted their approach to ensure that the person understood communication and the support that was offered by staff. Staff completed a visitor's book in the person's home so that the person could look at the book and know that they had received a visit from the service. At the beginning of the support being offered, as well as during the review process, the person had been asked what support they wanted from staff. The person had stated that they wanted to know when to expect the members of staff. In response, the person was supported to record on their calendar when staff were going to visit, they were provided with an information sheet on a weekly basis informing them of when the visits were going to take place and which members of staff would be visiting them. Appointments were also recorded on a white board in the person's home to remind the person. Care records for this person stated that staff should ensure that the white board is legible and up to date and that they clearly record dates, times and names of staff supporting the person so as to reduce the person's anxiety. Staff were also advised of how to support the person, in a way that minimised their anxiety, to maintain their personal hygiene. The person had at times, been reluctant to maintain their personal hygiene. Care records for the person showed that staff had been advised that a good way of prompting the person to maintain their personal hygiene was to lay out some clean clothes for the person to choose.

People had access to relevant health professionals to ensure their health and wellbeing. Records showed that people had been supported to attend and receive support from opticians, dentists, occupational therapists, local hospices and specialist dementia services.

The provider ensured that staff were kept up to date and provided with information about people's changing needs and the running of the service. Team meetings were held on a monthly basis. Staff told us that they were able to raise and discuss issues of importance in an open and honest atmosphere. There were weekly 'team briefings' which addressed people's ongoing needs and informed staff of issues that may affect their work. For example, in one team brief staff had been made aware of forthcoming training sessions and forthcoming road closures that could have a potential effect on service provision.

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.

We checked whether the provider was working within the principles of the MCA. Records showed that a best interest decision had been made for one person, who was living with dementia, who would sometimes

spend time at home on their own and had at times left the house and accessed the busy surrounding roads. The provider had taken the appropriate action and involved the relevant people to ensure that the decision made was in the person's best interest. It was agreed that the person's front door be locked to minimise the risk to them, however that the back door of their house was left unlocked to enable them to still enjoy their garden and have access to outside space in a safe manner. Staff had a good understanding of the MCA. One member of staff told us "I think it's about letting people take risks if they understand them. They're in their own homes and they are in charge." Another member of staff told us "People need to have choice and control, we are guests in people's homes and we're always aware of that."

For people who required support to maintain their nutrition and hydration they received appropriate support according to their needs. During the initial assessment of their needs people were asked about their appetite, the range of food they enjoyed, their dislikes and allergies. Dietary requirements were also established. For example, people who needed to follow a gluten free, lactose free or wheat free diet were respected and supported according to their needs. People who were diabetic were encouraged to follow a healthy diet. People's cultural and religious needs were respected as was their right to follow a vegetarian or vegan diet. For people who required further assistance with eating and drinking, information regarding how they could best be supported was recorded. For example, if they needed company when eating and drinking or if they had difficulties swallowing. Staff were then advised if food needed to be pureed or cut into bite sized pieces.

Care records for one person showed that during an initial assessment of the person's needs they required minimal support to prepare meals. For example, when first receiving support, the person only required support to prepare meals three times a week. However, in future reviews of the person's care, due to a decline in the person's physical health, they required additional support to enable them to have access to food and fluids. Care records for this person showed that staff had been advised to offer the person choice as to what they wanted to eat and drink and to assist the person by cutting the food into bite sized pieces as the person has difficulties using cutlery. That drinks should be provided to the person in suitable bottles or cups with straws to enable the person to drink independently. Another person's care records advised staff to ensure that the tops of bottles of drink were loosened to ensure that the person could have access to a drink during the night. People were happy with the support they received in relation to eating and drinking. One person told us "I've no complaints, I'm very grateful to the carers, they are not intrusive and listen to me when they come and cook my lunch and dinner."

Good

Is the service caring?

Our findings

People were supported by kind and caring staff. People were extremely happy with the care they received and consistently told us that they felt staff were like friends. One person told us "The carers' attitude is right, I would recommend them to anybody."

In the guide given to people when they first joined the service it stated 'Caring has been at the heart of our family for more than three generations. The service is run by a family with family values.' This was embedded in the attitudes of staff and the culture and delivery of the service. One member of staff told us "It's like being part of a family really and I think that helps when it comes to delivering care." People felt that the members of staff were friendly and kind. One person told us "They are a great help, and I feel as if they are my friends." It was apparent that a caring attitude was at the core of the service provided. There was a friendly and warm atmosphere and staff were treated with kindness and respect. The provider's took time to get to know members of staff and staff told us that they felt valued and happy in their work. This was cascaded down to people when staff provided support. People commented on the attitude of staff, explaining that they felt that the staff appeared happy in their work.

Before support was provided, an initial assessment of the person's needs took place. The provider referred to this as a 'coffee chat', this was to ensure that people felt at ease and able to discuss their needs and preferences rather than being anxious about being involved in a formal assessment. The provider explained that the process had been improved to ensure that it was more person-centred. Although the purpose of an assessment was to establish the person's needs and identify what they required support with, the provider had ensured that the assessment took into consideration what the person could do and what made them unique. Records showed that people were asked what other people liked and admired about them, what was important to them and what they hoped to gain from any support offered. This type of approach showed respect for people's lives and experiences before they required support, acknowledging that people's skills, abilities and interests were important.

New members of staff or staff that had not supported a person before, were formally introduced to people, by familiar members of staff, before being allocated to support them. This further demonstrated respect for people, enabling them to meet staff before they provided support to them. People were provided with information on a weekly basis, informing them of the times of their visits (in accordance with their preferences) and the names of the staff that would be visiting them. People told us that members of staff were rarely late for their visits. However, when this did occur they received a telephone call advising them of the reasons for this and of the time to expect the staff to arrive. This demonstrated respect for people's time and acknowledged the anxieties and disruption that a late call might create for people.

People's relationships with friends and family were acknowledged and encouraged. The provider offered a respite service (a respite service is care that is offered to provide temporary relief to families who are caring for someone.) One person, who was cared for by a member of their family was provided with respite care. Care plan records for this person showed that the aim of providing care was to provide respite for the person's relative to enable them to go out of the home knowing that someone was able to care for their

relative whilst they did this. In a review of the person's care the person had commented that they were very pleased with the care offered, that it provided their relative with the chance to go out of the home and enjoy chats with other people and enabled them to still have their freedom and have their needs met.

People, relatives and health professionals were asked for their feedback about their experiences of the service in a survey. One relative further confirmed the support that the staff provided to both them and their relative. They told us "Cherish Care are excellent, always very caring, cheerful and dedicated. Due to my relatives condition they can sometimes get anxious and angry but they always deal with their behaviour sensitively and with great skill. I certainly would not be able to cope without the Cherish Care staff, I cannot praise them highly enough."

People were able to express their needs and wishes and were fully involved in their care. Regular meetings with the person took place and provided an opportunity for people to comment on the care they received and suggest areas that they wanted changed. Most people had commented that they were happy with the care provided and wouldn't change anything. One person had made a comment in their care records, it stated 'Lovely, I couldn't have written it better myself!' However, one person had said that they would like to be more comfortable when staff supported them with moving and positioning. The provider had listened to this feedback and staff had been advised to place soft towels around the person before using the hoist sling to ensure the person's comfort. For people unable to express their wishes, their relatives were involved in their care (if this was what the person wished.) People could be referred to advocacy services if they required further support to express their needs and wishes.

People's privacy and dignity were respected, they were encouraged to be as independent as possible. Care plans showed that people were asked what they needed support with and that they were able to continue to be as independent as possible, to enable them to retain their skills and abilities. One member of staff told us "We are here to help people improve and become independent if we can, that's a big part of it." One person told us that staff supported them with their household chores but also took time to accompany them on walks, to enable them to spend time outside of the house, whilst having support from staff. The person told us "I am glad that I have them." One person's care plan contained information about how the person wanted to be supported. It stated 'I wish to remain as independent as possible, in my own home. Please allow me to do as much as possible, especially during personal care, during which I like to be kept warm and covered to protect my dignity and help me feel less vulnerable. This person told us "They give me all the privacy I need, I am a private person and the carers respect my privacy and dignity." People consistently told us that they were treated with respect and that their privacy and dignity was maintained. Observations of interactions between staff, handing over information about people, further demonstrated that staff had a respectful attitude and people were treated in a dignified way.

The provider had implemented an innovative approach to ensuring that people were cared for by staff that had similar interests to them. The provider explained that this had been implemented following feedback from a relative of a person using the service. The relative had explained that their relative (who was a young adult) had been very nervous of receiving support from staff. The provider had implemented a 'skills matching tool' and had been able to allocate staff that shared similar interests to the person, as a result the person felt comfortable with the support provided by staff and positive relationships had been formed. When staff were recruited they were asked to complete a personal profile form, detailing their likes and dislikes, interests and hobbies. Each person was given the opportunity to complete a similar form and these were then analysed and 'matched' to enable the provider to ensure that people were supported by members of staff that they were likely to form positive relationships with. Observations showed this being implemented. The provider used an electronic system to plan visits to people and devise the rotas for staff. This system had been programmed to incorporate the person's preferences in regards to which members of

staff supported them as well as which members of staff shared similar interests to them.

The relative, who had provided feedback to the provider, that had instigated the 'skills matching tool', told us "The carers are kind, they respect my relative's dignity and we are very pleased with the service." People, relatives and health professionals were asked for their feedback in a survey. This same relative commented 'We were worried about the idea of asking for help for our relative. Cherish Care, however, have allayed our fears, they have treated them with kindness, respect and professionalism, along with a real sense of fun, which my relative really needs. They have also fitted in so well with our busy family life. We are very happy with them and would have no concerns recommending them to anyone.'

One person's 'skills match' form contained information about their interests and preferences. It stated that they were a cheerful and patient person, that family was important to them and that they liked to attend church. The provider had selected three members of staff that shared these interests and values and observations of records confirmed that these members of staff had been allocated to support the person. Staff felt that this was a really effective way of meeting people's needs. One member of staff told us "I was asked when I started a while ago to provide a personal profile, things about me, likes and dislikes and such. They can then try and work out what kind of person I am. It's used to match us to the people we're looking after but also for the management's use. They are really interested in staff." Using this approach to allocate staff to support people demonstrated that the provider recognised the importance of positive relationships in the delivery and receipt of care.

One person had used the service for many years, and was dependent on staff for support in many aspects of their life. It was apparent that staff knew the person well and demonstrated genuine care and compassion. Staff had arranged for a card for the person's birthday and knew that the person enjoyed a particular takeaway and a glass of wine. Arrangements had been made for the provider and another member of staff to spend time with the person on their birthday, enjoying the takeaway and supporting them to have a glass of wine. The person told us "Staff are wonderful, they provide a 100% service, I cannot fault them, they are a brilliant company."

The provider specialised in providing end of life care. A member of staff, who is the 'end of life care' lead, was responsible for training staff to ensure that they provided effective end of life care. The member of staff maintained links with local hospices and occupational therapists to ensure that appropriate health care was provided and the necessary equipment obtained, to enable the person to stay in their own home, at the end of their life, if this was their preference. The end of life care lead ensured that people were given the opportunity to discuss their end of life care preferences and supported people to devise advance care plans.

One person, who had recently passed away, had been supported in accordance with their wishes. Advance care plan records stated that they wanted to be cared for in their own home for as long as possible and that they would prefer to be at home at the end of their life, if this was medically possible. The person had been asked about their religious preferences and specific wishes in relation to who they wanted with them at the end of their life and what they wanted to happen once they had passed away. The person had chosen the hymns that they wanted at their funeral and what type of service they wanted. Records and discussions with staff confirmed that this person's wishes had been respected. The person had passed away in their own home, with their family around them and their wishes, in regards to the type of service that was held, had been respected. The caring nature of both the provider and staff was further demonstrated. Records showed that the provider had adapted the rotas to ensure that staff, who wished to attend the funeral, were able to. Staff were also provided with support for their emotional needs and feelings after the event.

Good

Is the service responsive?

Our findings

People told us that they received a service that was extremely responsive to their needs and that they were at the centre of the care provided. They had no complaints and couldn't think of any area that could be improved in regards to the delivery of their care. One person told us "I have no complaints, I get on well with the girls."

People's differences were respected and support was adapted to meet their needs. People used the service for various reasons, some requiring minimal support, receiving a visit once per week to assist with shopping or household duties. Others, required more assistance, sometimes receiving support for several hours each day. The provider ensured that the support provided to people was person-centred and enabled them to receive the type of support they chose.

People, relatives and health professionals were asked for their feedback in a survey. One person told us 'This care agency is the gold standard everyone hopes for.' Another person told us 'I think the care I receive is second to none, all my care needs are met and I can talk to any of the carers at any time, they are very approachable.' A relative told us 'Cherish Care are excellent in all aspects of my relative's care.' Health professionals involved in people's care were equally as positive. Feedback from a health professional, via a survey, told us 'I always hear positive feedback from clients who use Cherish Care, they have the client's interests at the centre of all that they do.'

In the guide provided to people when they joined the service it stated 'We provide a reliable service, with local staff, flexible enough to meet the changes in your life. We hear what you have to say and respond to what you need, understanding that the little things mean a lot.' This was embedded in the service, in the attitude of staff and in the delivery of care.

When joining the service, a meeting known as a 'coffee chat' was conducted. This enabled people to meet the providers or managers and discuss their requirements. The assessment was enabling and person-centred, enabling the person to discuss their preferences and identify areas that were important to them. It focused on the skills and abilities that people had as opposed to what they couldn't do, whilst also identifying aspects of people's lives that they might require further support with. People's needs were assessed holistically. People's emotional, social and physical needs were taken into consideration. Care plans contained information on people's health and physical needs and risk assessments had been completed to ensure that people were supported in a safe manner.

People were able to choose, as much as possible, what times they had their visits and if they received support from a male or female member of staff. One person had requested earlier visits on a Sunday to enable them to go to their local church. The provider had respected this and earlier visits had been implemented to enable the person to continue to practice their faith. Another person, who was finding it difficult to sleep during the night, had sought advice from their GP. The GP had advised the person to go to bed later, so that they were more tired and able to sleep for longer. The provider was responsive to this, the person's visits had been changed to later in the evening so that they could be supported to go to bed later. A

relative told us "They accommodate my relative's needs if they change. They were happy to adjust their timings of visits. For example, if my relative wanted a lie-in they would accommodate that and not rush to get them up. They always try and suit their timings." This demonstrated that the provider respected people's differences and their right to make decisions about their lives.

People's care plans contained one page profiles, these contained information about the person, their likes, dislikes, hobbies and interests and previous occupation. Staff explained that they found this information helpful as it provided them with information about the person and this could be used to provide a more person-centred approach when offering support. Staff had a sound understanding of person-centred care. One staff member told us, "It's about caring for people as individuals, everything should revolve around them." Another member of staff told us "It's giving care that's right for that person and making sure they are in charge of the process."

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. For example, one person's care plan stated that they needed assistance with all aspects of their personal care and advised staff of how they liked this completed. It also contained information about the person's pet. It explained that the person's pet was very important to them and that the person needed support to feed the pet and wash its dishes. The person had commented that having support with their pet provided them with peace of mind. This person told us that they were supported once by a member of staff who appeared not to treat their pet as they wanted them to. The person had contacted the provider who had been responsive and the member of staff was not sent to support the person or their pet again. The same person liked to wear make-up. Care plan records for this person advised staff of this and ensured that staff were aware of the importance of leaving the person's make-up within easy reach when they left the house. This demonstrated that the provider valued the person and acknowledged aspects of their life that were important to them.

People's needs were regularly assessed and support was adapted in response to people's changing needs. For example, for one person, whose condition had deteriorated and required additional support, plans had been devised and implemented to ensure that the person received more frequent calls and for longer durations. The provider had identified that the person was contacting the out of hour's service and making more emergency calls during the evening. The person's condition had deteriorated and they required further assistance with repositioning and to manage their continence needs during this time. In response to this the provider had met with the person and had agreed that a visit be made to the person at a certain time of the evening to ensure that their needs were met, therefore reducing the risk to the person.

People's support requirements were monitored on a daily basis. Records showed staff passing on information to one another about any changes in the person's needs or condition. The provider had implemented an innovative process to capture information of relevance to the person, that could be shared with the staff team. A learning log had been devised, staff were advised to complete this if they recognised any important information that would ensure the person's comfort and improve the support provided to people. For example, one person's learning log contained information about a person following a visit from a district nurse, it advised staff of how to support a person with their continence needs that would ensure their comfort. Another person's learning log advised staff to apply a plastic sock over a person's foot when supporting them to have a shower as this assisted the person to maintain their balance and minimise the risk of them slipping.

One person, who was living with dementia, was very reluctant to allow new people into their home. They became very anxious and distressed. The provider told us that the person felt comfortable and at ease when receiving support from staff as they were familiar with their coloured uniforms, and felt safe allowing people

that were wearing these uniforms into their home. The provider had liaised with other professionals who needed to meet with the person to provide them with the necessary support. So as to reduce the person's anxiety and ensure that they had access to support and care from other professionals, the provider had met with the professionals at the person's home. The provider had provided them with the service's uniform to wear over their own, so that the person felt safe allowing them into their home, whilst being accompanied by the provider.

The provider's statement of values stated that 'We realise that you are part of your community, somewhere you may have had a home for many years, with good friends nearby, somewhere you may want to still contribute to. We are actively involved in promoting our local communities to be open to everyone, despite any limitations they may have.' This was embedded in practice. People's social needs were taken into consideration and the provider took time to establish what people enjoyed and what was of interest to them. One person, who had been allocated a member of staff with similar interests, was supported to pursue their hobby of establishing aquariums and keeping tropical fish. The person told us "They supported me with my hobby of caring for fish, my carer was able to assist me and knows a lot about fish." Another person, who used to enjoy cycling, was supported by staff to visit local cycle clubs to watch the cycling. The provider was mindful of ensuring that people were supported to maintain relationships and minimise social isolation. Records of a team briefing advised staff that a person had been invited to a family wedding and that the provider had organised a wheelchair and transport had been arranged for them to get to the venue. It asked staff if anyone was free to support the person to attend the wedding. Initial assessments for a person who was living with dementia, stated that the person liked to read the newspaper each day. Despite the decline in the person's condition, staff continued to respect the person's preferences. Care records advised staff to collect and deliver a newspaper each day to the person so that they could still enjoy their favourite pass time.

The provider had a complaints policy. There had been minimal complaints received, those that had been made were dealt with appropriately and according to the provider's policy. People told us that they were happy with the care that they received, that nothing was too much trouble and that they had no reason to complain. One person told us about a situation that they had complained about in the past. This related to a particular carer who was not undertaking their duties correctly. The person had complained to the provider and told us "They dealt with this adequately and I had a written response from them and they changed my carer forthright."

Good

Is the service well-led?

Our findings

The provider's aims of the service were to be recognised as an outstanding home care service by their clients, care partners and regulators. People, staff, relatives and health professionals were full of praise for the leadership and management of the service. One member of staff told us "I applied to work here because I'd heard of their reputation locally. It's such a caring place to work and the managers do a fantastic job. I really feel part of a team." Another member of staff told us "Yes it is well led. It's obvious that the manager cares and we all feel really well supported. We all have a say and our views are respected. I couldn't ask for more."

The service had two providers, one of whom was the registered manager and the other who was responsible for human resources and finances. There were a further two managers, one of whom was the lead for the end of life care team and the other who was the lead for the team who supported people who were living with dementia. The provider's mission was to draw on their team's experience, creativity and excellence to provide support that met a wide variety of needs, to seek to remain at the forefront of best practice within their specialisms of dementia and end of life care, to embrace the client's choice and control over all aspects of their care, to ensure a safe, respectful and personalised care service and to support and develop their team members so they felt confident to enhance the client's well-being. This was embedded in the culture of the organisation, through the attitudes of staff, documentation of people's needs and in the delivery of care.

The service had a warm and welcoming atmosphere. Staff were valued and empowered and spoke highly of the support they received and how they were treated. Observations further confirmed that staff were treated with respect, their suggestions and input valued. One member of staff told us "I feel so lucky working here. I've had health problems which most employers wouldn't want to understand about. Here, I've had all the support I need. I didn't think I could work again but here I am. If I have a day when I'm not well, everybody is really understanding. That makes me want to give my best." Records of a team meeting further confirmed that staff were valued and appreciated. The team had been provided with feedback from the providers, they said 'Thank you, we have set many challenges, but with the support from the team, you've done an amazing job, pat on the back!'

The provider welcomed feedback from people and relatives, using this to continually improve the delivery of care and the service provided. The provider had not asked people or their relatives to complete annual surveys to gain feedback, instead, they wanted to have a more meaningful and personable approach and an open culture whereby people and their relatives were able to offer feedback and make suggestions at any time. Monthly care plan reviews took place, providing people and relatives with an opportunity to offer feedback on the service received. The provider had acted on feedback and had used this to implement innovative processes to drive improvement and enhance the service provided to people. For example, in the development of learning logs, person-centred care records and skills match forms.

The provider conducted regular audits to ensure that the service people received complied with its aims and vision. Regular observations of staff practice and interaction with people took place, as did audits of care

plans, medication records and daily notes. Any areas of concern were addressed with members of staff through the supervision process and access to further learning and development opportunities.

The provider was aware of their responsibility to comply with the CQC registration requirements. They had notified us of certain events that had occurred within the service so that we could have an awareness and oversight of these to ensure that appropriate actions had been taken. They kept their knowledge and skills up to date by attending the West Sussex Partners in Care – Manager's Forum, where areas of best practice could be shared amongst providers. They explained that this provided them with good networking opportunities and access to information and guidance. The provider met regularly with Skills for Care to ensure that they met their objective of ensuring that workforce development continued to be an area of importance. They were a member of the United Kingdom Homecare Association (UKHCA) (UKHCA is the professional association of home care providers from the independent, voluntary, not-for-profit and statutory sectors. It helps organisations that provide social care to people in their own homes, to promote high standards of care.) They had also signed up to the social care commitment (A Department of Health initiative that is the adult social care sector's promise to provide people who need care and support with high quality services.)