

Cherish Home Care Ltd

Cherish Home Care Ltd - Sandwell

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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 25 February 2016 and was announced. We gave the provider 48 hours notice that we would be visiting the service. This was because the service provides a domiciliary service and we wanted to make sure that staff would be available. The last inspection of the service took place on 9 December 2013 and the provider was compliant in all areas looked at.

Cherish Home Care Limited – Sandwell is a domiciliary care service registered to provide personal care to people living in their own homes. The service currently provides care to 70 people.

There was a registered manager in post. 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.

Systems to ensure that people were given medication in a safe way were not always effective. Where people required medication to be hidden in food, the authority to do this had not been sought.

Staff were aware of the types of abuse people may be at risk of and the actions to take if they suspected someone was at risk of harm.

People received their care on time and had support given by the same members of staff to ensure consistency.

Appropriate recruitment processes were in place to reduce the risk of unsuitable staff being employed by the service.

Staff received training and support from management to equip them with the knowledge required to meet people's needs.

People told us that staff sought their consent before providing their care. Staff had an awareness of the Mental Capacity Act (2005) and knew how to support people to make their own decisions.

Staff took appropriate action to support people when they became unwell and understood the actions they should take to enable people to access healthcare support if required.

People told us that staff were kind and treated them with dignity. People were supported to have a say in how their care was delivered.

People and their relatives told us they were involved in the planning and review of their care and that when they required changes to be made, this was actioned by staff.

People and their relatives had been informed about how to make complaints. Where complaints were made, these were investigated and any actions that arose were shared to ensure improvements were made.

People, relatives and staff all spoke positively about the management of the service. Staff felt supported and confident in raising concerns and felt that the registered manager would act on these.

The registered manager sought feedback from people to ensure that quality of care was maintained. Where people had made suggestions to the registered manager, these had been acted upon.

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 not always safe.

Systems were not in place to ensure that any medication being hidden in food had been authorised by the GP as being safe to give with food.

Staff knew the types of abuse and how to report concerns.

People received their care on time and had support from the same member of staff where possible.

Requires Improvement 

Is the service effective?

The service was effective.

Staff received training and regular supervision to ensure they have the knowledge and skills to support people.

People were supported to make their own decisions in line with the Mental Capacity Act (2005).

Staff knew how to support people with their healthcare needs and the action they should take if someone became unwell.

Good 

Is the service caring?

The service was caring.

People told us that the staff were kind and caring and treated them with dignity.

People and their relatives were supported to be involved in their care.

The registered manager supported people to access advocacy services where required.

Good 

Is the service responsive?

The service was responsive.

Good 

People and their relatives were involved in the assessment and review of their care.

Staff knew people well; including their likes, dislikes and how they would like their care delivered.

People knew how to complain and complaints made were investigated by the registered manager and actions put into place to learn from these.

Is the service well-led?

The service was well led.

People, relatives and staff spoke positively about the management and felt supported.

The registered manager sought feedback from people and used this to make improvements to the service.

Quality assurance audits were completed to ensure that people continued to receive care that met their needs.

Good ●

Cherish Home Care Ltd - Sandwell

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 25 February 2016 and was announced. The provider was given 48 hours notice as the location provided a domiciliary care service and we needed to ensure that someone would be in.

The inspection was carried out by one inspector.

We looked at the information we held about the service including any notifications sent to us. Notifications are forms that the provider is required to send to us about accidents and incidents that occur at the service. We spoke with the local authority to obtain their feedback on the service.

We spoke with the registered manager and the deputy manager. We spoke on the telephone to four people who used the service, two relatives and three members of staff. We reviewed a range of documents held by the service including; five care plans, three staff recruitment files and two medication records. We also looked at records kept about accidents and incidents, complaints and quality assurance audits completed.

Is the service safe?

Our findings

People told us that they were supported to have their medication by staff. One person told us, "I have my medication on time, they are pretty good". We saw that where people were supported with their medication, Medication Administration Records (MARs) were completed fully. Staff we spoke with and records we looked at confirmed that staff had been given training in how to support people with their medication. However we saw that for two people, medication was given covertly. Covert medication is hidden in food. For these two people, there was no authorisation in place from a health professional to ensure that this was safe to do for the person. There was no evidence that the decision to give medication covertly had been discussed with all relevant people to ensure this was the appropriate action to take. This meant that systems to ensure that people were given their medication in a safe way were not always effective. We spoke with the registered manager about this who informed us why the decision to give this medication covertly was made and that these authorisations would be gained to ensure that people were given their medication safely.

We saw that a log of accidents and incidents that occurred in people's own homes was kept. Records showed that where accidents happened, action was taken to keep people safe. However, there was no analysis of accidents and incidents carried out to any identify trends or patterns and reduce the risk of incidents re-occurring. We saw that two similar incidents had occurred with one person receiving care but as no analysis of incidents had been completed, this hadn't been identified. This meant that systems to reduce the risk of incidents reoccurring were not always effective.

People told us they felt safe in their home when carers visited. One person told us, "Yes, I do feel safe with them". Another person said, "Yes, I am safe". Relatives spoken with also felt their family member was safe with carers. One relative told us, "I feel [relative] is safe, [relative] seems comfortable with them which is a bonus".

Staff we spoke with could identify types of abuse and knew the action to take if they suspected someone was being abused. One member of staff told us, "Straightaway I would tell the office what was going on. If I couldn't go to the manager, I would go to the council or police if I needed too". Staff we spoke with confirmed and records we looked at showed that staff had received training in safeguarding people from abuse.

Staff had a good understanding of the risks posed to people and how to manage these to keep people safe. One staff member we spoke with gave details about how they managed risks to support a person who had a sensory impairment. The staff member told us, "When [person] is walking, I will stay with them, guiding them if needed". The information the staff member gave reflected what was recorded in people's risk assessments. Records we looked at confirmed that risks had been assessed and information was provided to staff about how to ensure people's safety.

Staff we spoke with told us that prior to commencing work, they were required to provide two references and complete a check with the Disclosure and Barring Service (DBS). The DBS check would identify if a

prospective employee had a criminal record or had been barred from working with adults. Records we looked at confirmed these checks were completed. This meant that systems were in place to ensure that unsuitable staff were not employed by the service.

People told us that they had never had missed calls and that staff were never late. One person told us, "I only have one girl come in to me, she is never late and the other carers are just as efficient". Another person said, "They are always on time, I have had no missed calls". Staff we spoke with felt there were sufficient numbers of staff available to meet people's needs and that they had enough time to support people. One member of staff told us, " If there's not enough time [to meet people's needs], we can tell the office and if it carries on they will increase the time we get". Another staff member confirmed this and told us about an occasion where they needed more time to support a person, and so the office staff reassessed the person and got their call time increased.

People told us that they usually had the same staff provide their care. One person told us, "I have one carer for six days and a different one for the seventh day, but I do know them all". A relative we spoke with said, "[Relative] gets the same carers; we can't expect people to work seven days but mostly it's the same carers". People and their relatives confirmed that they knew what member of staff would be coming to their home. One relative said, "We do know who is coming as they tell [relative] before they go".

Is the service effective?

Our findings

People and their relatives told us they felt that the staff who supported them were skilled in their role. One person said, "They know what I need". A relative told us, "The staff are skilled, they are fairly professional and always look smart".

Staff we spoke with told us they had received training to support them in their role. One member of staff told us, "We had training with the manager in areas like safeguarding, communication and health and safety". Records we looked at showed that staff had received training specific to the needs of the people they support. Staff told us and records confirmed that prior to starting work, staff received an induction to introduce them to care. One member of staff told us, "I was given all the training before starting and did shadowing for three to four days".

We saw that there were effective communication systems in place to ensure that staff had the information they needed to support people. One member of staff told us, "Any changes in people's care needs and we get a text or call from the office. We always know what is going on." Another staff member said, "If we have a new care package, we are given care plans beforehand and get chance to speak with other carers who have been there before". All staff we spoke with confirmed that they were kept up to date with any changes in people's needs. Staff told us how they ensured any information they needed to share about people was reported. One staff member told us, "We are informed of changes but if we notice that things have stopped working, then we have to inform the office".

Staff confirmed that they received regular supervision with their manager in order to discuss their work and identify any additional training needs. One staff member told us, "We have supervisions every three months, we can make suggestions if we need any help". Records we looked at confirmed that supervisions took place.

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 as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. People told us that staff sought their permission before they started to provide their care. One person told us, "Yes, they do ask my permission". Another person said, "They [the staff] always say 'Is it alright if I do this?'". We saw that staff had received training in MCA and could demonstrate how they support people to make decisions.

People we spoke with did not require support from staff to prepare meals. We saw that some people receiving support did need assistance with meal preparation. For these people, staff we spoke with knew the dietary requirements of the people they supported. One member of staff told us, "I know people's

requirements, it is in their care plans". Records we looked at included information about people's dietary requirements and what support was required from staff with this.

People and their relatives told us that if they were unwell then staff would call the doctor for them. One person told us, "If I am ill, they [the staff] call the office and they get the doctor". Staff we spoke with had a good understanding of people's health needs and what action to take if a person was unwell. One staff member told us, "If someone was unwell, I would call the on call person for advice". One staff member gave an example of a time when they were required to do this and the action they had taken. Records showed that staff supported people to seek healthcare support where required. We saw that staff had recently reported concerns about the health of a person using the service and that district nurses had been called out the same day to ensure the person's well-being.

Is the service caring?

Our findings

People told us that staff were kind and caring to them. One person said, "The staff are friendly, they are kind to me and we have a little joke". Another person said, "They [the staff] are very kind". One person told us how staff offered to support them with other tasks before leaving their home. The person said, "I don't need support with food but they always ask if I would like something preparing". Relatives also spoke positively about the caring nature of the staff. One relative told us, "Everything is fine, [relative] gets on with staff which is the main thing. I am pleased".

People told us that they were involved in their care. One person told us, "I have someone come out occasionally to see me and see if I am happy with everything". Another person said, "They seem to call me all the time and see if I am happy; they are very good". One person told us how they arrange with the staff to adapt their visit times to help them get ready to go out if required. The person explained that the staff will come earlier to help them get ready if they need to leave the house before their normal call time.

Relatives we spoke with also confirmed they were involved in their family member's care. A relative we spoke with said, "I do feel involved, I have a say". Another relative told us, "They call and ask what I think about things". The relative described how they had expressed a wish to change the times that carers visited their relative and that this was supported by the management. The relative said, "We were called and asked if we would like to change the call time as soon as something more suitable for [relative] came up".

People and their relatives told us they were treated with dignity. One relative told us, "They treat [relative] with dignity and respect". Staff we spoke with were able to explain how they ensured people were treated with dignity. One staff member told us, "I close the curtains when helping with personal care and cover any private areas so that they feel covered up".

People who received care from the service did not currently require the support of an advocate. We spoke with the registered manager about these services. The registered manager told us that advocacy services were discussed during people's initial assessment and provided us with an example of a time when they supported a person to use an advocate.

Is the service responsive?

Our findings

People told us that prior to them receiving support, they met with staff to discuss their needs. One person told us, "I gave them all of the information about what help I needed before they started". Another person said, "They [the staff] sat down and talked it over with me and my relative". Relatives we spoke with confirmed that an assessment took place. One relative told us, "Before the care package started, they met with us and went through things". Records we looked at showed that people were involved in planning for their care.

People and their relatives confirmed that they were supported to review and make changes to the support they received when required. Records we looked at confirmed that people were involved in reviews of their care alongside their relatives and other health professionals. People told us and records confirmed that people also received courtesy calls from staff frequently to ensure that the care being given continued to meet their needs. We saw that where people had expressed that they required a change in the support provided, this was arranged by staff and reflected in their care records.

People told us that staff knew their needs well. One person said, "They are a friendly lot of girls, as soon as they come in, they know what they have to do". Another person said, "They [the staff] know what I need". Staff we spoke with had a detailed knowledge of the people they supported and how they liked their care delivered. Records we saw held information about peoples likes and dislikes to ensure they received care in a way that suited them and staff we spoke with knew this information. We saw that people's preferred name had been noted as well as any preferences with regards to the gender of the carer supporting them.

People we spoke with had been informed about how to make complaints. One person told us, "If I had something to say, then I know who to phone". Another person said, "There's information in my book about how to complain". Relatives spoken with had also been provided with information about how to make a complaint. Staff we spoke with knew the actions to take to support people who wanted to complain. One member of staff told us, "If someone wanted to complain, I would give them the office telephone number". Another staff member said, "I would help people to make a complaint, and comfort them while they did this". We looked at the records kept of complaints. We saw that where people had made complaints, these were investigated by the management and people were informed of the outcome. We saw that staff were made aware of any actions arising from the complaint to ensure that similar incidents didn't arise. The registered manager had also sought feedback from the person making the complaint following the investigation to ensure they were happy with the outcome. The registered manager told us that they used complaints to make improvements to the service and gave an example of this. We saw that where a complaint had been made about last minute changes to the staff member delivering care, the deputy manager had taken action and implemented a system to ensure that people were notified of changes as soon as these occurred.

Is the service well-led?

Our findings

People and their relatives spoke positively about the leadership of the service and told us they felt the service was well led. One person told us, "I am happy with the care". A relative we spoke with said, "I am pleased with the service".

Staff also spoke positively about the management and felt supported in their role. One member of staff told us, "I do feel supported. I can raise anything and [the registered manager] would deal with it". Another staff member said, "[The registered manager] is supportive, she asks how I am getting on and if I have any problems". Staff were clear on their role and responsibilities and felt comfortable with asking the registered manager for support if they required this. Staff told us and records confirmed that regular staff meetings were held to discuss the service and give staff opportunity to give feedback. We saw that management completed spot checks on staff to ensure that they remained competent in their role. We saw that the spot check covered the staff member's appearance, how well tasks were completed and any issues that arose.

Staff we spoke with were aware of how to whistle-blow and told us they were encouraged to raise any concerns with management. The registered manager told us they encouraged staff to raise concerns by ensuring that a member of management was available over a 24 hour period for people to call for support. Staff we spoke with told us they had used this system and that their concerns were acted on. One member of staff told us, "I have called someone out of hours, the call was answered straightaway". The registered manager was aware of her legal responsibility to notify us of incidents that occur at the service and we saw that these had been reported appropriately.

We saw that the registered manager sought feedback from people every four to eight weeks. People told us and we saw, that courtesy telephone calls were made to people using the service to ensure they were happy with the care being delivered. We saw that where comments were made during these calls, action was taken by the registered manager and that the information was shared with the staff team. We saw that an audit of the courtesy calls was completed by management to ensure that any suggestions made had been followed up and changes made.

We saw that the registered manager completed quality assurance audits to ensure the quality of the service. This included audits of daily notes kept by staff about the care they delivered to people. The audits ensured that people were attending calls on time, that they were staying for the agreed length of time and that any concerns noted had been acted on. However, we saw that these audits had not been carried out consistently and there were periods of up to three months where these checks had not been completed. We spoke with the deputy manager about this who informed us they had identified that the audits were not being completed and had recently re-commenced these.

We saw that there were systems in place to ensure that people received their care on time. The provider had implemented an electronic system that allocated staff to people's visit times and would show if someone did not have a carer allocated to visit them. The deputy manager told us that this system was checked on a weekly basis to ensure that no visits were showing as unallocated.

