

Cherish Home Care Ltd

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Inspection report

14 Chester Road
New Oscott
Sutton Coldfield
West Midlands
B73 5DA

Tel: 01213545500

Website: www.cherishhomecare.com

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Ratings

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

Summary of findings

Overall summary

This inspection took place on the 1 March 2016 and was announced. We gave the provider 72 hours' notice that we would be visiting. This was because the provider offers a supported service to people living in their own homes and we wanted to make sure that people and staff would be available to speak with us.

Cherish Home Care Services currently provides personal care for 156 people within their own home.

There was a registered manager in post at the time of our inspection. 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.

Following our last inspection on the 18 and 23 June 2014, we found that the provider was compliant with the regulations we inspected.

We saw that people were kept safe by the staff who knew how to protect people and minimise the risk of abuse because the provider ensured that staff had received the training they needed to recognise and respond to the risk of abuse.

People were protected from the risk of harm because risks to people were assessed and the provider had put steps in place to minimise them.

People received flexible and responsive care because they were supported by sufficient numbers of staff.

People received their medicines at appropriate times and accurate records were maintained.

People felt they had good access to health care support when required and that staff responded to health care issues in a timely manner.

People and relatives we spoke with felt listened to by staff and that their requests were acted upon in a timely manner.

People felt that staff treated them with dignity and respect.

People and relatives were involved in the development of care plans and were able to express how they preferred to receive care.

Staff were supportive in helping people to maintain their independence as far as was practicable.

There was a positive relationship between the people, relatives and the provider.

People and relatives were confident that the manager would respond positively to their requests and staff were happy working for the provider

Staff had regular supervision and appraisals and felt valued by the manager.

The provider had robust quality assurance and data management systems in place to ensure quality of service provision.

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.

People were protected from the risk of harm and abuse because the provider had effective systems in place and staff was aware of the processes they needed to follow.

Risks to people were appropriately assessed.

People were supported by adequate numbers of staff on duty so that their needs would be met.

People were kept safe as staff knew how to support them in cases of an emergency.

Is the service effective?

Good ●

The service was effective.

People's needs were being met because staff had effective skills and knowledge to meet those needs.

People's rights were protected because staff understood the legal principles of what constituted a restriction on someone's.

People were involved in deciding how they received care and support.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

People's privacy was upheld at all times.

People's view and opinions were listened to.

People were supported to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

People's consent was sought by staff when providing care and support.

People were supported to make decisions about their lives and discuss things that were important to them.

Staff were responsive when supporting people's changing needs.

Is the service well-led?

The service was well-led.

Audits were carried out effectively.

People knew the manager and had a positive relationship.

Staff were happy working for the provider.

Good ●

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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 the 1 March 2016 and was announced. The inspection team consisted of one inspector.

When planning our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to offer some key information about the service they provide to assist with the inspection.

During our inspection we spoke with eleven people who use the service, four staff members, five relatives and the registered manager. We reviewed the care records of four people to see how their care was planned and delivered, as well as their medicine administration records. We looked at recruitment, training and supervision records for staff. We also looked at records which supported the provider to monitor the quality and management of the service.

Is the service safe?

Our findings

People told us that they felt safe with the service provided and that staff supported them with their care needs. One relative we spoke with said, "The carers are very good, [person] has four carers, two regulars, and they come every day". A person we spoke with said, "The carers are great, a good bunch of girls". We asked a relative if they felt safe when staff came to their home, they told us, "Yes, we feel safe when they visit". Another person we spoke with said, "I can't praise them [staff] enough, I'd be lost without them". A relative told us, "Cherish are brilliant". Another relative we spoke with said, "They [staff] live locally which is an advantage, we get consistency of staff". Staff we spoke with confirmed they had received training on how to reduce the risk of people being harmed. They were knowledgeable in recognising signs of potential abuse and how to follow the provider's safeguarding procedures. Staff we spoke with were able to explain the range of different types of abuse to look out for when supporting people. One staff member told us how they would recognise signs of abuse, "I'd look for changes to their [people's] characteristics or any unusual marks". Staff knew how to escalate concerns about people's safety to the provider and other external agencies if required.

People and their relatives told us that care calls were generally on time. One person we spoke with told us, "There's been no missed calls but if they're [staff] running late, they'll let us know". Another person we spoke with said, "Their [staff] time keeping's reliable". A third person told us that they thought staff needed more time to do their work, they said, "There's too much to do but not enough time. It's not their [staff] fault". One staff member told us, "Travel between appointments is well organised by Cherish, calls are local to where I live so I don't struggle to make appointments". We saw that the provider ensured that staff lived within a reasonable distance of the people they supported to ensure that visits were attended on time. The provider also ensured that people were informed if staff were going to be late, for example, because of excessive traffic.

We saw that risk assessments had been completed and reviewed by people, relatives and the provider to ensure that all parties were aware of how to minimise the risk to a person's health and well-being. A relative said "They [provider] do risk assessments and care plan visits every two months". They went on to explain how they would contact the provider if their relatives risk assessment needed amending. Staff were aware of the risk to people and knew how to minimise them, one member of staff gave us an example, "We make sure hoists are secure before we leave and there are no obstacles". We saw that risk associated with the care and support needed by people had been identified, including environmental risks and any risks due to the health and support needs of the person. For example, we saw that risk assessments were in place for people who were prone to pressure sores, issues relating to dementia, and how staff would respond to these needs. A staff member gave us an example of how they need to be aware of risks, "We identify if people smoke, especially if they lack capacity or have dementia".

Staff understood and were able to explain to us what action they should take in the event of an emergency. One staff member told us, "I would make sure they [person] were safe from further risk, I'd contact the emergency services and my manager". We saw the provider had an accident and incident policy in place to support staff and safeguard people in the event of an emergency. We saw that incidents and accidents were

reported and used by the provider to improve practice and ensure that risk is reduced.

Everyone we spoke with felt there was sufficient staff to meet people's needs and reduce the risk of harm or abuse. The provider had systems in place to ensure that there were enough staff on duty with the appropriate skills and knowledge to ensure that people were cared for safely. One person told us, "There's always the correct number of staff to support me". A member of staff told us, "I can ring the office if I need support". A relative to us, "The care's brilliant". There were processes in place to ensure that people were continually supported by staff that knew them well and maintained consistency of care.

The provider had a recruitment policy in place and staff told us that they had completed a range of checks before they started work. We saw this included references and checks made through the Disclosure and Barring Service (DBS). We reviewed the recruitment process that confirmed staff were suitably recruited to safely support people living within their own home.

Staff told us that they had received training on handling and administering medicines. Most people we spoke with managed their own medicines or were supported by a relative. One person who did receive support from staff told us, "They [staff] watch me take it [medicine] with breakfast and record it". One staff member told us how they supported people to take their medicines by taking the medicine out of its packaging and placing it in the persons hand for them to take. Staff also told us that they recorded the time and date when medicines were taken by a person to ensure that medicines were being taken as prescribed. We saw that the provider had systems in place to ensure that medicines were managed appropriately. We saw that daily records were maintained by staff showing when people had received their medicines as prescribed. Staff were able to explain how they recorded information about people's medicines by completing Medicine Administration Record (MAR) sheets.

Is the service effective?

Our findings

Staff we spoke with told us that they felt they were provided with the appropriate training to support people effectively. We saw that new starters were trained in accordance with the Care Certificate which offers guidance on the basic skills and knowledge needed to work with people requiring health and social care support. A staff member explained to us how, as part of their induction training, they shadowed more experienced staff to gain a greater understanding of how to support people's needs. Another staff member told us how they identify and learn about specific health care topics. They told us, "We have themed training sessions during team meetings". People and relatives told us that they felt confident that staff had the correct training and knowledge to meet their needs. One person told us, "They [staff] seem good, well trained". Staff were able to explain to us about people's needs and how they supported them. We saw that the provider maintained training records for each member of staff ensuring that they were appropriately skilled to perform their duties. We saw that records were maintained highlighting when refresher training was due. A person explained how staff were knowledgeable about their specific health needs, they told us, "They're good at what they [staff] do, the quality of care is excellent".

The staff we spoke with told us that they attended staff meetings and had regular supervision conducted by their manager. We saw evidence that the provider had supervision and appraisal processes in place to support staff.

People and relatives we spoke with told us that they felt that their care needs were supported and that they were involved in decisions made about their care. A person we spoke with told us how they are involved in developing their own care plan, "I'm involved in the decision making". Another person told us how they discussed all decisions about how they received care and support with the provider. A relative we spoke with told us, "We're involved in care planning and review meetings". We saw that the provider had processes in place that involved people, relatives in how people received personalised care support. Staff explained how they gained consent from people when supporting their care needs. One staff member told us that they asked people if they are happy to receive care and support when they visit. They also said, "If they [people] don't want us to help, we record that they don't want support". A person we spoke with told us, "They [staff] always ask permission when doing things. They've been coming so long now that they know me really well". Another person told us, "I wouldn't let them do anything to me unless I was consulted first".

Staff told us they had completed mental capacity training and were able to explain their understanding of how to support someone who did not have capacity to make informed decisions. 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. Staff told us how they understood to support people to make decisions about their care and support that were in their best interest.

Staff were knowledgeable about supporting people whose behaviour might become challenging. One member of staff explained to us how they knew people well and could recognise when they might become unsettled or anxious. They explained how they would use techniques to reassure people and help them to relax, one staff member told us, "We don't use restraint techniques, we talk to people to help them relax".

Most of the people we spoke with did not need support with their meals, or if they did they were supported by a relative. One person we spoke with told us how staff supported him at breakfast time, "I tell them [staff] what I want; porridge, toast or cereal". Another person we spoke with said, "I don't need support with meals now, but they [staff] helped out when I wasn't well". A member of staff we spoke with said, "We prepare meals, support people to eat if they need us to and monitor portion sizes".

We saw care records that provided information about regular appointments to doctors, opticians and dentists. A relative we spoke with told us, "Cherish do keep an eye on [person's name] and get the doctor for her when needed ". We saw that staff were aware of how to support people's health needs, one staff member told us, "If we notice any health problems we contact the manager, GP or District Nurse".

Is the service caring?

Our findings

People and relatives we spoke with were pleased with the care and support they received from the provider, they felt that staff listened to them and acted upon what they said. One person we spoke with told us, "Everyone's brilliant, they go the extra mile when supporting me. I'm more than happy with the care I receive". Another person told us, "There's never a problem doing anything for me". A person also told us how staff listened to what they liked, "I like quiz programmes. They [staff] stimulate my interests by showing interest in what I like". People told us that staff were polite and communicated with them effectively. A person we spoke with said, "They're [staff] kind and compassionate, I've never had a nasty word from any of them". Another person told us how they often shared a joke with staff. A staff member told us that if a person was having difficulty understanding or remembering what she was saying, she would write it down for them.

We saw that people and their relatives were involved in care planning that ensured people's individual support needs were met. A relative told us, "We're consulted on care planning and reviews". We saw from people's care plans that people and relatives were supported to express their views and to be involved in making decisions about care and support. The manager had regular contact with people both in person and by telephone where they discussed their care. People we spoke with told us about regular care and support review meetings that they had with the provider. One person told us, "I get regular phone calls to see if I'm satisfied".

People and relatives told us that staff treated people with dignity, respect and upheld their rights to privacy. One person spoke with told us, "They [staff] treat me with respect, they ask how I am and seem sincere". A relative we spoke with told us how staff respect their views towards care and support, "We've established a set of ground rules that are mutually acceptable". Staff were able to explain to us how they ensured that people were treated respectfully. One staff member told us how they maintained people's privacy and dignity when providing personal care, they told us, "I ensure that blinds and windows are closed" They continued, "I make sure doors are closed to visitors or family members". Another staff member told us how they maintained people's dignity by keeping them covered whilst providing personal care. Staff received guidance during their induction in relation to dignity and respect.

Staff we spoke with understood the importance of promoting people's independence and how to encourage people to do as much for themselves as possible. One staff member told us how they encouraged a person to carry out small tasks around their home, for example, feeding themselves and walking around their home, with the support of a walking aid. A person explained to us how they like to manage part of their personal care themselves and how staff respect their views and support them to do it independently.

Is the service responsive?

Our findings

People using the service and relatives told us they felt that the provider was responsive to people's needs. One person we spoke with told us how the provider responded to their request of which staff members supported with their care and support needs. They said, "Cherish understand who I prefer to care for me". Another person told us, "I can phone at any time. I let them know if I need to change my visit times". We were also told by a person how staff provided support with personal care that was specific to their medical condition.

We saw from people's care plans that assessments had been undertaken to identify people's support needs and were developed outlining how these needs were to be met. Care plans were reviewed on a regular basis and any significant changes were documented. A person we spoke with told us how the provider would contact them to see if there were any changes to their care and support needs. "They contact me regularly to see check things are". Staff were aware of people's preferences and interests as well as their health and support needs, which enabled them to provide a personalised and responsive service.

We saw that the provider had a complaints and compliments policy. We saw records of minor issues and the actions that had been taken to rectify them appropriately. People and relatives were aware of how to raise any complaints if they needed to. One person we spoke with told us, "I've made a minor complaint in the past about staff visit times. They [provider] were responsive and drew up new schedules". A relative we spoke with told us, "I have no complaints, but I can contact the manager if I need to". One staff member told us how they would support a person to raise a complaint by contacting the manager or the local authority. We saw that the provider used information from concerns or complaints to support service development.

The provider had systems in place for people and relatives to provide feedback about the care and support being provided. A relative told us how the manager would contact them to see if they were happy with the care their relative was receiving. A person we spoke with said, "I haven't been asked for feedback, but I can contact the manager if I need to". Another person told us, "If I want to give feedback [manager's name] comes out to see me".

Is the service well-led?

Our findings

We saw that the provider supported staff and that they were clear about their roles and responsibilities. One staff member told us "I'm happy working at Cherish, I enjoy the work". Another staff member said, "They're [provider] good people to work for". We saw evidence from review meetings and returned questionnaires that people, staff and relatives were involved in how the provider delivered a quality service to people. One staff member told us that the manager or senior staff members do spot checks to ensure consistency and quality of care is being provided. Staff told us that they had regular team meetings where they were able to raise any issues or concerns with the manager. The staff felt supported and valued by the management team. We saw that compliments from people and relatives were fed back to staff to raise their confidence and help them to feel valued for the support they provided. A staff member told us, "I feel valued, they [provider] tell me I'm working well when I have supervision".

Staff told us that they understood the whistle blowing policy and how to escalate concerns if they needed to, via their management team, the local authority or CQC. A member of staff told us, "I know how to escalate concerns to the manager or local authority". Prior to our visit there had been no whistle blowing notifications raised at the location.

At the time of our inspection there was a registered manager in place, this meant that the conditions of registration for the service were being met and staff benefitted from effective and consistent leadership.

We saw that there were systems in place to record any accidents and incidents that occurred and that the information was shared with staff to improve quality of care. The provider had a history of meeting legal requirements and had notified us about events that they were required to by law.

Staff, people and relatives we spoke with told us that the manager was very approachable and operated an 'open door policy'. Staff told us they would have no concerns about raising anything they were worried about with the manager. One staff member said, "I can talk to the manager if I'm worried or have any problems, she's very supportive". A person we spoke with said, "I get on well with them [provider], they're like friends". A relative told us, "The manager is very approachable".

We saw that quality assurance systems were in place for monitoring the service provision. People and relatives were encouraged to share their experiences and views of the service provided. We saw evidence that regular audits were taking place, for example; individual care plans, risk assessments and medicine records which ensured that people received a consistent quality of care. We saw that the provider operated a regular courtesy call audit system to monitor service provision. A person we spoke with told us, "The manager calls me every now and then to see if staff are doing a good job".