

Cherished Care Services Limited

# Cherished Care Services

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Cherished Care Services is a domiciliary care agency. It provides care to people living in their own houses and flats in the community. It provides a service to young and older adults. At the time of our inspection 50 people were supported.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Improvements were needed to ensure staff completed required training and the provider had effective oversight in this area. People, relatives and staff also shared concerns over training staff completed and how this was reviewed.

Policies were not always up to date. This meant staff did not always have information to ensure they understood responsibilities placed on themselves and the provider during their employment.

People told us they felt safe with the support provided by staff. Overall care calls took place at expected times and senior staff at the office were always available if issues occurred. However, high staff turnover levels left some people concerned about receiving inconsistent care from staff who did not fully know their care needs.

Medicines were administered safely, however, some update of information within care plans was required.

Care plans provided step by step guide on how people wished to receive their care call, which overall reflected feedback from people and relatives. We found other information within care plans required further review to ensure dated records within plans were up to date.

People were involved in care planning. Care call reviews were completed by senior staff with people to assess the quality of care being given. People told us they were happy with the approach from care staff who were respectful with how they provided care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

We received a mixed response from staff over the culture of the service. Some staff told us they did not feel valued by the provider, nor had opportunities for regular 1-1 discussions in supervisions and team meetings. Other staff told us they enjoyed working for Cherished Care Services and felt supported in their role. We saw some evidence supervisions took place with staff, including spot checks to assess how they provided care to people. However, regular meetings with staff did not occur.

The registered manager and chief-executive demonstrated an approach they wished to make positive changes and improvements. Throughout the inspection they provided evidence of improvements they were completing, which included staff engagement.

The registered manager carried out audits and checks, this included reviewing accidents/incidents and events that occurred across the service.

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

Rating at last inspection

The last rating for this service was good (published 5 March 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

Enforcement and Recommendations

We have identified breaches in relation to appropriate support, training and supervision with staff, as well as in relation to the provider policies and oversight of training requirements and training records of staff.

Please see the action we have told the provider to take at the end of this report.

We also made recommendations on staff engagement and the provider to review people's care plans in relation to medicines, care plan review dates, and ensuring sufficient details about peoples preferences and dietary needs is incorporated into care plans.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

# Cherished Care Services

## Detailed findings

### Background to this inspection

#### The inspection

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

Our inspection took place following the provider moving their office into the new address, prior to our registration process was complete. Therefore, this the inspection was completed against the registered location of 113 Wilmslow Road.

#### Inspection team

This inspection was carried out by 1 inspector and 1 regulatory co-ordinator.

#### Service and service type

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 1 hours' notice of the inspection. This was because it is a small service and we needed to be sure the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 6 December 2023 and ended on 18 December 2023. We visited the location's

office on 6 December 2023 and 13 December 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 6 people who used the service and 6 relatives about their experience of the care provided. We spoke with 13 members of staff in various roles. We reviewed 6 people's care records and other records relating to people's care and support. We looked at 5 staff files in relation to recruitment. A variety of records relating to the management of the service were reviewed, including policies and procedures.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good: This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Medicines were managed safely, however, some information within care plans was duplicated and not always up to date.

We recommend the provider reviews people's care plans to ensure they have the most up to date information recorded.

- The provider recorded medicine administration electronically on Medicine Administration Records (MARs). These were completed appropriately by care staff with no unexplained gaps.
- Staff received training to administer medicines and competency checks were carried out to ensure they had the appropriate knowledge and skills.

### Assessing risk, safety monitoring and management

- People told us they felt safe with their staff. We were told staff were, "Generally good people" and, "Helpful, [I am] glad to see them."
- People needs were appropriately assessed, with ongoing review of the care calls they were receiving. People told us senior care staff completed checks in relation to their current care packages and reviewed the skill of staff. We were told, "Supervisors will ask for feedback and do reviews."
- Risks to people's health and wellbeing were managed safely. Appropriate risk assessments were in place for people and the environment in which staff would be providing care to people. However, some information was not always recorded as being reviewed and updated. We discussed this with the registered manager and chief-executive who provided further assurance dates recorded were not accurate and information relating to people's care and risk were up to date.

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

- Systems were in place to protect people from the risk of abuse. Allegations of abuse, accidents and incidents were recorded, with evidence of action taken to keep people safe.
- Staff understood their responsibility to report abuse and who they could escalate concerns to. We were told, "I would ring the office, I could also call the council and CQC."
- Staff told us the online care management system to record accidents and incidents was effective, which then prompted senior carers to review events across the provider and ensure actions were completed. We were told, "Its good. We can add information and photos, then it goes to the people in the office." Adding, "We would also call the office for advice."

### Staffing and recruitment

- There were enough staff available to meet people's needs. People and relatives were overall positive on punctuality of staff and call times. Comments included, "Never any issues with people being late" and, "If there is an issue with staff sickness, someone from the office will come."
- Overall people, relatives, and staff told us they were concerned regarding staff turnover. Comments included, "We build a relationship with them, then they leave" and "They [the provider] can't keep the same staff."
- We discussed feedback with the registered manager and chief-executive during the inspection. They were aware of the challenges they faced with staff retention and told us they were actively looking for ways to develop the workforce to address this.
- Recruitment procedures were safe. Checks were carried out on all staff prior to starting their employment.

#### Preventing and controlling infection

- Systems were in place for managing and controlling infection. The provider managed risks associated with infection control and hygiene.
- People and family members said care staff washed their hands and wore gloves and aprons whenever appropriate.

#### Learning lessons when things go wrong

- There was a process in place to monitor any accidents and incidents.
- We looked at a sample of incidents/accidents recorded within people's care plans. These included information about the nature of the incident/accident and action taken following this. However, they did not always include details of lessons to be learnt to mitigate the incident/accident from occurring again."

Following the inspection, the chief-executive provided evidence a care plan with lessons learned recorded, as well as emails and messages sent to staff to share information relating to action taken following accidents and incidents.



# Is the service effective?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- We identified a number of gaps in training staff completed to ensure they were suitably trained to provide safe care. This was reflective of mixed feedback we received from people who receive care and, relatives. One person told us, "I worry about the skills and competency of new staff. They do whatever they can, but I've always had a question about training."
- Feedback from staff about the quality and timeliness of training available was also mixed. A staff member told us, "I can't recall the last time I had all my training refreshed." However, another staff member shared, "I feel I have the right training to complete my role."
- We saw limited evidence of team meetings with staff. The registered manager, and chief-executive discussed the challenges of facilitating regular group meetings with a dispersed staff team. Supervision records and of individual meeting notes completed with staff were shared with the inspector. We received mixed feedback from staff over with respect of meetings and supervisions with senior leaders. Comments included, "Supervision and appraisals don't get done," "Not had a meeting in years" and "We don't really have meetings, staff do get spot checks. However, what happens then if there is an issue, there is no consistency."
- Staff informed us they completed an induction programme when they joined the service. This was a combination of training and shadowing experienced staff prior to supporting people independently. However, at the time of the inspection the provider was not able to provide us with evidence of all staff training at the beginning of their employment. The provider informed us that new staff have 12 weeks to complete mandatory training and described the actions they were taking to address the risks identified around incomplete training.

The provider had failed to ensure staff had received appropriate support, training and supervision to carry out their duties they were employed to perform. This put people at risk of harm. This was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed our concerns with the registered manager and chief-executive who told us some training records were no longer accessible due to a fire. The chief-executive also shared actions currently being completed to address training gaps with staff to ensure all staff training was refreshed.

- Senior care staff completed spot checks with staff to assess the care they were giving to people. A member of staff told us, "I have been observed and I had some positive feedback."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;  
Supporting people to eat and drink enough to maintain a balanced diet

- People's care and calls were assessed with on-going review. One person told us, "Supervisors will ask for feedback and do reviews and it was okay."
- Care plans included a step-by-step guide for staff to follow during the care call. This included personalised information on how the person wished to receive their care.
- Other areas of people's care plans included opportunities to capture personalised information about the person. This included, 'what matters to me', 'my hobbies and interests', 'religious observations' and 'my life history'. However, these were not always consistently completed, nor updated.
- Where people required support with meal preparation, eating or drinking, care plans prompted staff if they required support in this area, However, information on people's like/dislikes and how people wished to receive their food and drink was not consistently recorded. For example, one person's care plan stated the person required support from staff with meals which consisted of a soft diet. However, there was no further information to guide staff in this area.

We recommend the provider reviews all care plans to ensure they are fully completed with important information about peoples care and mealtime preferences, including where appropriate, clear details how food should be prepared.

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

- People were supported to access appropriate healthcare services when required.
- The provider worked with other agencies to support positive outcomes for people. Care plans detailed information relating to support a person received from professionals.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The provider was working in line with the Mental Capacity Act.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Systems to monitor training requirements and induction for staff were not robust. Several gaps in training for staff had only recently been identified by the chief-executive prior to our inspection, who had begun taking action to address these areas and improve monitoring processes.
- Several of the provider policies were out of date. This meant staff did not always have up to date policies and procedures in line with current legislation and guidance to follow in different aspects of their role and employment. One staff member told us, "I don't have access to policies and procedures, so I wasn't sure (what was expected of me)."

Systems were either not in place or established to demonstrate that training requirements of staff were effectively monitored; the provider policies were not up to date to ensure staff understood their own and that of the provider associated responsibilities of employment. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection the chief-executive provided evidence of the improvements they were making to update policies and to ensure they were accessible to staff. However, this had not been implemented at the time of the inspection.

- A provider led audit schedule was in place. This included audits and checks completed by the registered manager and senior staff to gain assurance over care for people.

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

- Feedback from several staff demonstrated some aspects of the culture of the service were not positive. Staff gave mixed responses regarding feeling listened to and valued by the provider. Comments included, "There is a high turnover of staff, things are getting worse," "I don't feel as if I can raise any concerns with management" and "I think most staff are unhappy."
- Where new staff were employed who were new to care, we also received mixed feedback over the support they received by the provider. Comments included, "Some have had training, but not full training. It was upsetting how they were treated" and "They are expected to work long hours and consecutive days in a row."

- Although we received this feedback, other staff discussed feeling supported and valued working for Cherished Care Services. We were told, "They have been so welcoming and have been very supportive" and "Management are really supportive, and they really support us."
- Systems were in place to monitor events that occurred. This included accidents and incidents which also provided reports for senior leaders. However, we saw limited evidence of meetings with staff to support shared learning and developing, improving care with people when something went wrong.
- During the inspection the registered manager and chief-executive reflected on recent turnover of staff, developing positive relationships and the challenge of maintaining regular meetings with a dispersed workforce; this being an area of improvement they were seeking to make.

We recommend the provider reviews how it engages staff to ensure that opportunities for individual and group meetings take place, which also reflect on events that occur across the provider.

- People and relatives were positive about the approach of the senior team. We were told, "They run their business in real time, always someone available."
- People were supported outside of care calls to access activities of interest to them. This included attending poetry and singing events in local schools.
- Surveys were sent out to staff and people. The chief-executive shared further improvements they wished to make due to the inconsistency of receiving responses.

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

- The registered manager understood their requirements of the duty of candour. There was a clear system in place for reporting and recording events which occurred in the service.
- Throughout the inspection, the registered manager and chief-executive were open and reflective to feedback given and improvements that needed to be made, addressing any queries throughout.

Working in partnership with others

- The provider worked in partnership with people, social care and health professionals to support the health and wellbeing of people.
- We received positive feedback from a professional. We were told, "Good to work with, professional, I've never had a problem."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not operate effective systems to monitor staff training.</p> <p>Provider policies were not up to date and staff were not always clear on their roles and responsibilities.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had failed to ensure staff had received appropriate support, training and supervision to carry out their duties they are employed to perform.</p>