

Cherish UK Limited

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Inspection report

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16 July 2019
18 July 2019
22 July 2019

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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Cherish UK is a domiciliary care service based in Standish, Wigan and provides personal care and support to people in their own homes.

People's experience of using this service:

We carried out this inspection on 16,18 and 22 July 2019. At the time of the inspection there were approximately 230 people using the service across the Wigan areas of Atherton, Ashton, Golbourne and Lowton.

People were supported to access the local community and participate in activities of their choice. We saw a number of examples where the staff team had gone 'above and beyond' expectations of them to ensure people could continue to pursue their hobbies and interests.

People said they felt safe using the service, with staff demonstrating a good understanding about how to protect people from the risk of harm.

People received their medicines safely.

Staff were recruited safely, with appropriate checks carried out to ensure risks were minimised.

There were enough staff to care for people safely.

Accidents and incidents were monitored and any actions taken to prevent future re-occurrence were recorded.

People received the support they needed to eat and drink.

Appropriate systems were in place regarding the Mental Capacity Act (2005).

People using the service and visiting relatives made positive comments about the care provided by Cherish UK. The feedback we received from people we spoke with was that staff were kind and caring towards people.

People said they felt treated with dignity and respect and staff promoted their independence as required.

Complaints were handled appropriately. Compliments were also recorded about the quality of service provided.

Audits and quality assurance systems were in place at both managerial and provider level.

The feedback we received about management and leadership was positive.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was Requires Improvement (published July 2018). The inspection was carried out in May 2018.

Why we inspected:

This was a routine comprehensive inspection and in line with our timescales to inspecting Requires Improvement rated services.

Follow up:

We will continue to monitor information and intelligence we receive about the service to ensure good quality care is provided to people. We will return to re-inspect in line with our inspection timescales for Good rated services, however if information of concern is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was very responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Cherish UK Ltd

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection team consisted of one inspector from the Care Quality Commission (CQC) and an Expert by Experience. An Expert by Experience is someone who has personal experience of caring for people with care needs similar to those using the services of Cherish UK.

Service and service type:

Cherish UK is a 'domiciliary care service' where people receive care and support in their own homes. Therefore, the CQC only regulates the care provided to people and not the premises they live in.

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

Notice of inspection:

The inspection was announced on 15 July 2019 to ensure the inspection could be facilitated by the registered manager at the location office. We also needed to obtain contact telephone numbers for people who used the service and their relatives so we could contact them and ask about the services they received.

What we did:

Prior to the inspection we reviewed information and evidence we already held about this service, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the service. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay.

We also viewed the provider information return (PIR). This is information providers are required to send us

with key information about their service, what they do well and improvements they plan to make. This information helps support our inspections.

We contacted Wigan local authority for feedback and other stakeholders who had involvement with the service.

The first of day of the inspection was spent speaking with people who used the service and their relatives via telephone to ask about the service they received. The second and third days were spent at the main office reviewing documentation, speaking with staff and also visiting people who used the service at home.

During the inspection we spoke with the registered manager, eight care staff, two care coordinators, 20 people who used the service and 12 relatives. This was to seek their feedback about what it was like to receive care from and work for Cherish UK.

Documentation reviewed included 10 care plans, five staff personnel files, eight medicine administration records (MARs) and other records about the management of the service to help inform our inspection judgements.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement, although had now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; preventing and controlling infection; using medicines safely:

- Each person using the service had their own risk assessment in place covering areas such as moving and handling, the home environment, smoking and fire safety. Where risks were identified, there were details about how they needed to be mitigated.
- People received their medication safely and we saw medication administration records (MARs) were completed accurately by staff. These were audited regularly by management to ensure there were no errors. Staff had received medication training and had their competency assessed regularly.
- People were protected from the risks of the spread of infections. The feedback we received from people was that staff always wore personal protective equipment (PPE) when supporting them with their care.
- An out of hours systems was used so people and their families could contact someone in the event of an emergency.

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

- People receiving this service and their relatives told us they felt the service was safe to use. One person said, "I feel safe with the (staff)." Another person added, "The (staff) who come are friendly and I trust them."
- Staff spoken with confirmed they had received training in safeguarding and were able to describe the different types of abuse that could occur and how to report concerns.
- A log of safeguarding incidents which had occurred within the service was maintained, along with any alerts that had been made to the local authority.
- Body maps were completed when any marks or bruises were found on people's skin.

Staffing and recruitment:

- There were enough staff working for the service to care for people safely.
- The feedback we received from staff was that their rotas were well managed. We looked at a sample of staff rotas which showed staff generally stayed for the correct length of time.
- Some people told us staff arrived late to deliver their care, however most appreciated that this was often due to circumstances such as traffic, or where issues had occurred during a previous visit.
- Staff were recruited safely and we found all relevant checks had been carried out prior to them commencing their employment.

Learning lessons when things go wrong:

- Systems were in place for when things went wrong. Accidents and incidents were monitored closely, with details recorded about actions taken to prevent re-occurrences

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 the last inspection this key question was rated as Requires Improvement, although had now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the deprivation of liberty safeguards (DoLS) cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

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

- Staff received training in MCA and we saw examples during the inspection where staff had worked in people's best interests if they lacked capacity. Records of these meetings were available.
- Signed consent forms were available within people's care plans where people had given their permission to received services from Cherish UK.

Staff support: induction, training, skills and experience:

- An induction programme was provided when staff first commenced employment to ensure they had a thorough understanding of what was required within their role.
- Staff spoke positively of the training provided and said enough was available to support them in their roles. Mandatory training courses had been completed by staff in areas such as health and safety, moving and handling, infection control, safeguarding first aid and dementia.
- Staff supervisions were carried out and gave staff the opportunity to discuss their work. These were done either face to face, over the telephone, or in groups.
- Annual appraisals had also been undertaken.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- The care and support people needed to receive from staff had been captured as part of the initial assessment process and was recorded within care plans.

- Packages of care were arranged and offered to Cherish UK by the local authority, who then visited people at home to carry out an assessment to ensure they were able to meet their needs.

Supporting people to eat and drink enough to maintain a balanced diet:

- People and relatives we spoke with were complimentary about the support provided by staff to help people eat and drink.
- People said staff always offered to make them a meal, or snack for later in the day if they were not hungry at the time of the care visit. Drinks were always made for people and were accessible throughout the day.
- People had specific eating and drinking care plans in place and this provided staff with an overview of the support people needed.

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

- Appropriate referrals were made to other healthcare professionals as required. For example, speech and language therapy (SALT) when people had been showing signs of swallowing difficulties.
- People who used the service told us staff had assisted them to healthcare appointments in the past, if they were unable to attend on their own.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- People who used the service spoke positively about the standard of care provided and said staff treated them well. Staff were described as being kind, caring and considerate. One person said, "You could not get a more caring set of people than the (staff) who come out to see me." Another person told us, "The (staff) from Cherish are the friendliest I've ever known. I receive very good care from them." Another person said, "They're mostly lovely people. We have a very good (staff member) now who is a very cheerful person." A fourth person added, "We get on alright. It's relaxed and we have a laugh."
- The relatives we spoke with also made positive comments about the care provided. One relative said, "The (staff) have really built a relationship with my dad, He smiles when they come through the door." Another relative said, "The relationships between carers and service users are excellent." A third relative added, "They're very good, on time and top notch."

Supporting people to express their views and be involved in making decisions about their care:

- Both people using the service and their relatives said they felt involved in their care package and were invited to any meetings that took place to discuss progress.
- Questionnaires were sent, seeking people's views and opinions about the service they received.
- Reviews of people's care had also been undertaken with involvement from people living at the home and families.

Respecting and promoting people's privacy, dignity, independence and equality and diversity:

- Both people who used the service and relatives told us staff always treated them well and were never made to feel uncomfortable or embarrassed. People said staff always assisted them with their personal care in private.
- People said they were encouraged to do things for themselves, such as eating independently and mobilising without support from staff whilst using safety equipment such as zimmer frames.
- People's equality, diversity and human rights needs were fully taken into account and detailed in their care plan. This included their daily routines and things staff needed to be aware of.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Supporting people to follow interests, maintain relationships and take part in activities to avoid social isolation:

- We saw several examples of where staff had exceeded expectations to ensure people received care that was 'above and beyond' what people's usual care package entailed. This helped to ensure people could continue to pursue their hobbies and interests within the local community.
- Cherish UK founded a not-for-profit organisation called the Cherish Life Foundation in 2012. The purpose of this community interest company was to raise funds and provide resources for people who used the service of Cherish to enable them to access the community to improve their lives.
- As of 2019, the service has a fully accessible minibus that can be used to transport people to and from their homes to activities such as the, cinema, pubs, garden centres, hairdressers and other organised events in the area. A trip to a local dementia farm was also being planned, coordinated entirely by care staff.
- Summer tea parties were hosted by Cherish UK at the Wigan office. People who used the service were picked up from their home address in the mini bus and a buffet lunch was also provided. An ice cream van was also available and an article, along with photographs about the event had been published in the Wigan Today newspaper. One person said, "The garden part was smashing . I am a bit of a loner and don't get out much and see others. It was great to get out and see other people and not always be stuck at home."
- One person who used the service had wanted to attend the local bingo sessions, but had lost confidence as they couldn't always remember the numbers and became confused when using the number cards. A member of staff came forward and said they would be happy to support this person to attend the sessions. This was added to the staff members rota and paid for by the Cherish Life Foundation due to the local authority not being able to fund the support.
- Another person who used the service had advanced dementia and lived with their husband. In their younger years they both had a passion for ballroom dancing and loved to visit Blackpool each year to take part in competitions. Working alongside various different stakeholders, a plan was put in place to allow them to go to Blackpool and enjoy their week away as they had done previously. Staff would be available throughout the visit as needed, as well as the necessary resources such as hoists and slings due to moving and handling issues, which again was funded by the Cherish Life Foundation. This person said to us, "I can't thank them enough for doing this for us. It means we can get out of the house and over to Blackpool like we used to."
- Several people who used the service had spoken with a member of staff and told them how they used to enjoy going to the local salon each week to get their hair and nails done, although they were now unable to do this due to reduced mobility. This person also did not have the funding or the facilities to be able to access the community to have their nails pampered. The member of staff informed them they had an entire pamper kit available and therefore offered to assist these people with their self image during care visits. One

person said, "I couldn't have done this myself and it makes me feel a lot better about myself. It is now a regular part of my routine."

- Staff had established one person had a passion for horse racing and had a long term goal to attend Haydock races having regular listened to various races on the radio. Having previously had issues with their eyesight and mobility, they didn't feel confident leaving their house alone, therefore the staff team supported them to attend a day at the races. They were also given the opportunity to present a winner with their prize. This person told us, "It was a great day out and I even managed to make a profit from a bet."
- This person also had issues maintaining their garden to the standard they wanted it. The staff team discussed this between themselves and collected plant pots, soil, seeds and provided support to this person to make their garden look nice.
- Two people who used the service had also grown up together and loved going on fishing trips. The registered manager became aware of this and arranged for them to get in touch with each other again and they have been in contact ever since. Arrangements were being made to facilitate a fishing trip for them both again with staff support.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- We saw several examples where staff had responded to people's individual circumstances to ensure people received the care they needed.
- One person had been referred to Cherish UK for personal care, but was having difficulties with their benefits and was without money and food. A member of staff arranged for a food parcel to be delivered to this person, providing some of the essentials whilst their benefits were sorted out in this desperate time. Cherish also arranged for food parcels to be collected by staff from Wigan Brick Project on a weekly basis. The member of staff also helped the person by providing some simple meals in their own time. This person told us, "It was a very difficult period for me, but the staff really stepped up and helped me a lot."
- Another person experienced a power cut in the town where they lived. Staff were concerned for the person's welfare and contacted the electricity board to have an emergency generator delivered due to the use of an electric bed and hoist. The person specified they wanted a hot drink so the member of staff called by after their shift and bought them a coffee and batteries for their torch so they could keep it on overnight.
- Each person who used the service had their own care plan in place and we reviewed 10 of these during the inspection. They provided information for staff about the care and support people needed.
- People's care plans contained person-centred information about their life story and included details regarding their childhood, employment, school years, hobbies and interests and details about their family.

Meeting people's communication needs:

- The service was meeting the requirements of the accessible information standard (AIS). This is used to ensure people with any particular sensory impairments have their needs met by staff. The service had previously made use of 'Picture cards' which enabled people to communicate their views if they experienced difficulties in this area.
- Care plans contained information about people's communication and if they required the use of any sensory equipment.

Improving care quality in response to complaints or concerns

- A central log of complaints was maintained, along with details about how each one had been responded to. A range of compliments had also been received, where people had expressed their satisfaction about their experiences of using the service.
- People knew how to provide feedback about the care they received and information about how to make a complaint was available in the service user handbook when their care package first commenced.

End of life care and support

- Due to Cherish UK being a domiciliary care service, end of life care and support was not provided directly. However staff worked closely alongside other relevant healthcare professionals such as district nurses and palliative care teams to provide the personal care element of the support.
- The registered manager and the staff team had devised a 'Palliative care box' for people to use as needed and this contained various products and clothing to help people feel fresh and comfortable as they approach the end of their life.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement, although had now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Audit systems were in place to monitor the quality of service provided and ensure any shortfalls could be acted upon.
- Spot checks and observations of staff were undertaken so that management could observe staff in their roles and provide feedback as necessary. Competency assessments were also completed for areas such as medication and moving and handling.
- Confidential information was stored securely and we saw documents such as care plans and staff recruitment files were stored in the main office which was always locked.
- A link to the ratings from the last inspection was detailed on the provider website
- Events which the provider is legally required to report to us were submitted as required when any incidents had occurred within the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff meetings took place in the service which gave an opportunity to discuss work and improve the service people received. Staff said these took place regularly and minutes were available after the meeting, detailing what had been discussed.
- Daily 'Service reviews' also took place and were an opportunity to review the past 24 hours and act on any issues arising in a timely way. The registered manager told us these meetings were highly beneficial and enabled the service to prevent things from going wrong.
- Newsletters were sent to staff, relatives and people using the service, informing them about what was happening within the service.
- 'Cherish bicycles' were available and enabled staff to cycle to care visits as opposed to driving and risk get stuck in traffic.
- The staff team used 'WhatsApp' chat groups to communicate any issues to each other. This also enabled management to share any wider messaging about the service in a timely way.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager promoted best practice in person-centred care. There was a clear culture based on achieving positive outcomes for people. Care plan documentation was person-centred and empowered people to be independent as possible.

- People told us the staff knew them well and responded to their needs in a person-centred way.
- All the staff we spoke with told us they liked working for the service and that staff worked well together.
- Both staff and people using the service said they felt the service was well-led and felt supported in their roles. People told us the registered manager often came to visit them at home to see how their care package was progressing.

Working in partnership with others

- The service had developed a number of links within the local community. This included social services, district nursing teams and day centres. The service had strong connections with the Wigan council quality performance team and they had attended team meetings in the past to offer their support.
- Cherish UK had also participated in various fundraising events for charities such as the Alzheimer's society. Staff also took part in 'Wear it pink day', to raise money for breast cancer care.
- Staff had also helped wrap Christmas presents for vulnerable people in Wigan as part of an initiative operated by a local charity.