

Cherish U Ltd

# Cherish U Limited

## Inspection report

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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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Cherish U Limited is a domiciliary care agency providing personal care and support to people living in their own homes. At the time of our inspection 37 people were using the service, all of whom were receiving personal care [help with personal hygiene and eating].

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

We have made a recommendation. Following the last inspection, the registered manager introduced new auditing tools to improve quality assurance systems. During this inspection we found that systems to assess and monitor the quality of the service required further improvement as they had not always been operated effectively.

People received care that was safe and were protected from abuse and avoidable harm. Safe recruitment procedures were followed to ensure that suitable staff were employed. People were supported to take their medicines by trained and competent staff and received them as prescribed. Accidents and incidents were recorded, and systems were in place to prevent recurrence.

People, and relatives where appropriate, were involved in decisions about their care. An assessment of people's needs was carried out before they received a service to ensure they could be met. We were told "When we met with this company for the first time we were impressed by the fact that they asked us to tell them what we wanted from them and what we wanted them to do." Staff received training relevant to their roles and their competency was regularly checked. Staff supported people to maintain their health and well-being.

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.

Strong and caring relationships had been developed between people, relatives and staff. People were treated fairly and without discrimination. Staff supported people to maintain their independence and were mindful of the need to treat people with dignity and protect people's privacy.

People received care that was person-centred and individually tailored to their needs and preferences. A review of support plans was to take place to ensure a consistent standard which reflects the high quality of care provided. There was a procedure in place to handle and respond to complaints.

Since the last inspection there had been some changes within the provider's management. The registered manager and staff felt that the changes were positive. The registered manager had informed us about significant events which occurred within the service. People and relatives we spoke with felt the service was well-run. The service worked well with other agencies.

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 and update

The last rating for this service was requires improvement (published 14 January 2019) and we identified a continued breach of regulations relating to governance. At this inspection we found that sufficient improvement had been made and the provider was no longer in breach of this regulation.

Since this rating was awarded the registered provider of the service has moved premises. We have used the previous rating and enforcement action taken to form our planning and decisions about the rating at this inspection.

The provider completed an action plan after the last inspection to show what they would do any by when to improve.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make further improvements to achieve a rating of good in the well-led domain. We will return to visit as per our re-inspection programme. If we receive any concerning information 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 responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

# Cherish U Limited

## 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 Care Act 2014.

#### Inspection team

The inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. 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

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

Inspection activity started on 7 January 2020 and ended on 17 January 2020. We visited the office location on 13 and 14 January 2020.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection and sought feedback from the local authority. We used all of this information to plan our inspection.

During the inspection

We spoke with 12 people who used the service and four relatives about their experience of the care provided. We spoke with the registered manager, administrator and five support staff.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and avoidable harm. Staff received training and were knowledgeable about the procedures to follow to keep people safe.
- People told us they received care that was safe. They said, "There has never been an unsafe situation with them"; "I feel safe because I can trust them, and I know them"; and "They always lock the back door as well so that no one can follow them in which I think is good and very reassuring."
- Risks were assessed. Staff were given guidance about environmental risks in the person's home. Although we found no harm, a person's file had not been updated with their latest risk assessment. The registered manager addressed this. We have commented on this further in the well-led section of this report.

Staffing and recruitment

- Safe recruitment procedures were followed to ensure that only suitable staff were employed.
- The registered manager addressed a recruitment issue we identified during the inspection when it was brought to her attention. We have commented on this further in the well-led section of this report.
- Sufficient staff were employed to carry out the calls required and to cover holiday and sickness absence. There was no use of agency staff although the registered manager knew the procedure to follow should the need arise.

Using medicines safely

- People requiring support to take their medicines were assisted by trained and competent staff.
- A person told us "The carers give me the correct medication three times a day" and a relative said "Medication is given correctly."

Preventing and controlling infection

- Staff received guidance and were aware of the steps to take to prevent and control the spread of infection.
- Staff were supplied with personal protective equipment [gloves, aprons, masks etc].

Learning lessons when things go wrong

- Accidents and incidents were recorded and regularly reviewed to identify themes or trends so that actions could be taken to prevent recurrence.

# 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 Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed with involvement of the relevant people before they received a service. This ensured people's needs could be met and promoted person-centred care planning. A relative told us "When we met with this company for the first time we were impressed by the fact that they asked us to tell them what we wanted from them and what we wanted them to do."
- People received care that was effective and that they were happy with. They told us, "I am very pleased with my care"; "It is excellent care I can't fault it" and "The care is right for me".
- The majority of people we spoke with told us they did not feel rushed, staff were reliable and stayed the right amount of time. They said "They always stay the right amount of time and provide the right care"; "The carers are never rushed and always give good care"; "I've never felt rushed by these carers. They go at my pace" and "I am pleased to say they have never missed a call."

Staff support: induction, training, skills and experience

- New staff underwent an induction programme to prepare them for their role, which included shadowing experienced staff before working independently.
- Staff received training in a wide range of topics relevant to their roles. People told us "I feel that any training given to these carers has been appropriate to my current needs"; "The staff is sufficiently trained, and any inexperienced ones usually come with an experienced carer" and "They are all trained to a consistent standard in my opinion."
- Staff were provided with opportunities to discuss their learning and development needs during one to one sessions, and through ongoing daily communication.

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

- Staff supported people to maintain their nutritional and hydration needs in line with their preferences.
- One person's health had improved significantly when staff supported them to order shopping on line.
- A relative told us "I have noted that they have always made sure he has a drink at his side."

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

- Staff supported people to access healthcare services to maintain their health and well-being. A relative told us "They have called the GP about a change in [Relative's] condition. They keep a watchful eye on him."

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. 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.

- Staff sought people's consent and people's wishes were respected. One person told us "They have accommodated my wishes and would not push me into doing something I don't want to do."
- The registered manager and staff received training and were aware of the principles of the MCA and that decisions made on people's behalf should be made in their best interests.

## 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 the same. 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; respecting equality and diversity

- Strong and caring relationships had developed between people, relatives and staff. People said, "I feel that they are all respectful and caring, more like friends now" and "They are friendly and always have a smile." A relative commented "All the staff seem to be in this work for the right reasons. They are polite and respectful."
- Staff treated people well, as individuals and without discrimination, including those with characteristics protected by law. "A relative told us "They've always treated us kindly and fairly."
- People said, "All my carers know what I like and what my needs are. All are very pleasant and know what they are doing"; "I feel perfectly comfortable with them" and "They show respect by the way they treat me on a daily basis."

Respecting and promoting people's privacy, dignity and independence

- Staff were aware of the importance of supporting people to maintain their independence and were aware of people's individual capabilities.
- People told us "They encourage me to keep on doing things for myself"; "They are always obliging, and they let me do what I can" and "They encourage as much independence as possible and I am happy to do as much as I can."
- People's privacy was protected. Staff were mindful of the need for people to be treated with dignity and to ensure their privacy was respected during care interventions. A relative commented, "They close the doors when [Relative] is in the shower to maintain privacy and dress [Relative] in the bedroom with the doors and curtains closed."
- Records were stored securely in locked cabinets. During the inspection, we identified an issue with storage of one record, however the registered manager took immediate action to address this.

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

- People were involved in making decisions about their care and felt listened to. We were told "I feel I am listened to and can have a laugh and a joke with my carers too. A relative said "They listen to us both."
- Quality surveys to seek views of people, relatives and staff were usually distributed annually. The 2019 survey had been delayed, enabling people to comment on changes within the provider management and were scheduled to be distributed in February 2020.
- People had access to advocacy services as and when needed. An advocate is a person who supports people who do not have family or friends to help them, to ensure their rights are protected.

# 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 Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care that was person-centred, individually tailored to their needs and preferences and was delivered by staff who knew them well. A person told us "I feel so much better when they have been. If you're feeling down, they will sit and talk with you. They all have time for you."
- Each person had an individualised support plan. Although it was clear that staff knew people well, support plans varied in quality and had not been regularly reviewed. We discussed this with the registered manager. A full review is to take place, involving people receiving support and relatives where appropriate, to ensure a consistent standard that fully reflects the high level of care provided.
- Staff responded quickly to changes in people needs. A relative commented "The carers stayed beyond the allocated time when [Relative] woke up very confused one day and they notified us immediately."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and incorporated into their support plans.

Improving care quality in response to complaints or concerns

- There was a procedure to handle and respond to complaints.
- People and relatives told us that they knew how to raise concerns and that they would be listened to. One person told us "I'm aware that the complaint procedure is in the book, but I would ring [Registered Manager] if there was anything wrong. I have never felt the need to complain about anything."
- A relative commented, "I'm aware of the complaints procedure but I feel there should be a commendations procedure on file too. [Relative] is very happy with everything. This is so reassuring for the whole family."

End of life care and support

- People receiving care at end of life were supported by the staff team and district nurses.
- Staff had access to training about end of life care to support their practice.
- A compliment had been received thanking staff for their support when a family member had passed away noting the thoughtfulness that staff had showed to them and that they were "Comforted that at the end, [Relative] was in the hands of people who cared as well."

# 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. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent.

During previous inspections we found that the registered provider was in continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because they had failed to assess, monitor and improve the quality and safety of the services provided. During this inspection we found that, although further improvement was required, the provider was no longer in breach of this regulation.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Following the last inspection, the registered manager had implemented new auditing tools to assess and monitor the quality of the service. Although audits had been carried out, they were not always effective as had not identified issues highlighted during this inspection.
- Although a support plan had been audited on two occasions, it was not identified that the risk assessment was not relevant. In addition, audits of a staff file failed to identify an issue relating to a reference. Although both of these issues were addressed by the registered manager during the inspection, this demonstrated that quality assurance systems required further improvement.

We recommend that the registered provider seeks professional guidance to ensure that the systems to assess and monitor the quality of the service are established and operated effectively.

- The registered manager had informed us about significant events which occurred within the service and the last report was displayed as legally required.

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

- Over the last few months there had been changes to the management structure of Cherish U Limited. The registered manager explained clearly the impact and stress that this had caused them, however was now positive about the future.
- All staff spoken with welcomed the changes. They had been kept well informed and told us things were "A whole lot better now" and "The girls all came together it was lovely to see really."
- People and relatives felt that the service was well run. A relative said "I would definitely recommend this care agency. It provides an excellent service" and a person commented "I would recommend this agency because of the friendliness and competence of staff."

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; Continuous learning and improving care

- The registered manager was open and honest about the changes in management and where she was aware of the need for improvement.
- An administrator had been employed whose role included quality assurance. The registered manager provided an action plan detailing the areas to be addressed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People's, relatives and staff views are sought on an ongoing basis and by an annual survey. The questionnaires for the 2019 survey were to be issued in February 2020, to capture views following the internal changes.
- The service worked well with other agencies. A relative told us "They helped me push for the referral to the continence team. They work well with family members and they give me peace of mind."