

Cherish UK Limited

# Cherish UK Ltd

## Inspection report

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Date of inspection visit:

14 June 2023

22 June 2023

Date of publication:

04 July 2023

## 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

### About the service

Cherish UK Limited is a domiciliary care service registered to provide personal care to people living in their homes. Support includes long term care as well as 'SAMS' (Stabilise and make safe). These are short term packages to resettle people at home following hospital discharge. At the time of our inspection there were 94 people using the service. 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

People told us staff were kind and friendly and they felt safe. Where people received support with their prescribed medicines this was managed safely. Peoples social and emotional needs were considered to help promote their health and well-being. Where necessary advice and support was sought from relevant healthcare professionals so that changing needs were met.

People told us staff upheld their privacy and dignity, providing safe care and support. People's needs and wishes were reflected in their care plan, which guided staff on how they wished to be supported. 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.

Staff were safely recruited and completed a comprehensive induction and training programme on commencement of their employment. Staff understood their role and responsibilities and felt supported by the management team. There was on-going recruitment to help ensure sufficient staff were available as well as support an increase in service provision. Some people felt staffing arrangements could be improved. This was being addressed by the service.

Appropriate systems were in place for the reporting and responding to any complaints or concerns. Staff were aware of their responsibilities to report any concerns and were confident these would be acted upon. Any issues were reviewed to help inform on-going learning and improvements to the service.

A range of systems were in place to monitor and review the quality of the service, this included feedback from people and their families. The local authority said the service was responsive and engaging and had received positive feedback about the support provided.

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

This service was registered with us on 3 February 2022, and this is the first inspection.

### Why we inspected

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

### Follow up

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 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 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. 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.

#### Inspection team

The inspection was carried out by 1 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.

#### 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 a short period notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 14 June 2023 and ended on 22 June 2023. We visited the location's office on 15 June 2023.

#### What we did before the inspection

We reviewed information we had received about 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

During our visit we spoke with the registered manager and branch manager. We received feedback from 7 staff members. We also spoke with 7 people who use the service and the relatives of 5 people to seek their view. We also received feedback from the local authority.

We reviewed a range of records on site and those sent to us electronically following our visit. These included; support plans, staff recruitment, training and development, policies and procedures and evidence of management and oversight of the service.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- Staff were safely recruited. Staff files included staff work references, identity checks and a Disclosure and Barring Service (DBS) check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There was on-going recruitment to provide sufficient cover for staff absence as well as an increase in service provision.
- Some people said they had different staff to support them, whereas others said this was not the case. Overall people felt staff were polite and friendly. Comments included, "There is lots of changes, but they're all very nice. I just wish they'd stick to the same two for a while", "There's loads of different ones, but [relative] does know some of them and she likes them very much" and "Occasionally we have strangers. By and large we have been having people that have come before."
- Some people felt weekend calls were a little 'haphazard'. Visit times were monitored through the electronic planning system. This alerted managers to any late or missed calls. The system included a GPS tracker so that staff could easily be located.

### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems and processes were in place to safeguard people from the risk of abuse. Policies and procedures were available to guide staff.
- Staff were able to demonstrate their understanding of the safeguarding and whistleblowing procedures and were confident managers would address any issues brought to their attention.
- People and their relatives spoke positively about the staff. One person told us, "There's one staff member who knows how I want things done, [staff] is very trustworthy and I do feel safe." Other comments included, "They're very good staff and they're very friendly", and "They do the job, I'm glad of that because I couldn't do it. They bring things to my attention."
- Records were kept of any safeguarding concerns, accidents, and incidents. These were monitored by managers and any areas of learning were shared with staff to help promote safe and consistent care.

### Assessing risk, safety monitoring and management

- Areas of risk were assessed, monitored, and planned for, providing guidance for staff to help keep people safe.
- Assessments explored areas such as, eating and drinking, falls, moving and handling, medication, and the internal and external environment. Assessments were kept under review and updated when needs changed.

### Using medicines safely

- Systems were in place for the management and administration of people's prescribed medicines.
- Staff completed training in the administration of medication, Competency assessments were made to check staff practice was safe. This was confirmed by staff spoken with.
- Audits were completed to check people received their medicines as prescribed. Records clearly showed the actions taken who gaps had been identified, such as a prescription change, or GP informed of refusals.
- Most of the people we spoke with said they managed their own medication. One person said they have a dosette box and staff monitored they had taken them, adding " [Staff] see that I'm getting the right one."

### Preventing and controlling infection

- Processes were in place to help reduce the risk of infection and cross contamination.
- Staff told us they were supplied with appropriate personal protective equipment (PPE), including gloves and aprons. Good practice guidance was discussed in team meetings and training in infection, prevention, and control was completed.
- People we spoke with confirmed personal protective equipment (PPE) was worn. One person told us, "They always wear gloves. I don't think they wear masks now and they have their uniform on."

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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 prior to using the service.
- People and their relatives told us assessments about the care and support needed had been carried out by the service, social workers, or hospital staff. Assessments were then used to inform the persons care plan.
- People told us, "A social worker came and discussed what was needed and they told the service", "I think at the beginning they came round and asked what he needed", and "I think they did, they did what they were supposed to do by explaining everything."

Staff support: induction, training, skills, and experience

- A comprehensive programme of training, development and support was provided for staff.
- Records showed and staff confirmed a thorough induction programme was completed prior to new staff commencing work. On-going training was also provided covering specific areas of care and support.
- Staff told us opportunities for progression were supported. One staff member said they had become a 'mentor', supporting new staff. Another staff member told us "Training is not limited to the internal training. I've been supported to attend external training, which interests me. The provider is very supportive of learning."
- Staff told us they felt supported in their role, communication was good, and they were fully informed. This included supervisions, team meetings and chats through WhatsApp.
- People and their relatives said some staff worked better than others. One person said, "A lot of them are quite good but some do need a bit more training."

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

- People were supported in meeting their nutritional needs.
- Records showed guidance had been sought from the speech and language therapist where people had been assessed at risk.
- People who uses the service told us, "Staff prepare food if I need it, I get what I ask for" and "Staff do what [relative] wants, such as providing the food and drink he wants." The relative of another person added, "Staff make food that [relative] chooses."

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

- Staff monitored people's health and well-being and liaised with health care professionals where needs changed. This was reflected in people's care records.

- The local authority told us the service worked collaboratively with other agencies. We were told, "Cherish were a key provider during COVID in the south of the borough supporting hospital discharge, both effectively and safely."

#### 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.

- Capacity and consent were explored during the assessment and care planning process.
- A review of records and discussion with staff confirmed training in MCA was completed. One staff member told us, "We give people options and suggestions, let them make the decision."
- People using the service and their relatives told us most staff asked for consent before carrying out a task.
- We were told, "They do ask me, they're quite nice about it. Would you like a shower this morning? Would you like a bed bath? Is there anything else you'd like?", and "I usually explain to them what I want doing and they're usually very obliging."

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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; respecting equality and diversity

- People said they thought staff were kind and caring and felt they were treated well. We were told, "As soon as they walk in, they'll say 'morning, how are you doing?' They're so friendly", "Every time they're spot on. If I need something or want something I say, can you do that for me and they say, yes not a problem" and "I think they're spot on."
- Care plans included information about their culture and background. Staff were also offered training in equality and diversity and person-centred care. This helped to ensure people were treated in a way which respected their individual needs.

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

- People were involved in decisions about their care. People and their family members spoken with told us, "They respect [relative] choices. They only do what they ask them to" and "Yes, anything I ask them to do they do."
- Some people told us they were not asked about same gender support. On review of a newsletter distributed to new clients, this stated 'people having short term support to settle back into home are not guaranteed call times or gender specific carers', although the service would try'. This was confirmed by managers.

Respecting and promoting peoples who said they privacy, dignity, and independence

- People's right to privacy and dignity were respected.
- Staff training included privacy and dignity, helping staff to recognise and understand differences so that people are treated equally and fairly. Staff gave examples of the maintained people's privacy and dignity when offering care. One staff member told us, "Dignity is focusing on the value of an individual, respecting their views, choices and decisions."
- People and their relative's felt staff were respectful when providing support. We were told, "If I don't want anything to eat, they'll sit down and have a chat, which I think's quite good because I live on my own and I don't see anybody", and "Staff talk to [relative] nicely and they ask him things. They're in a separate room. When they're in the room, providing care, nobody else goes in unless we're asked."
- The relative of one person said staff were helping their relative improve their mobility and independence, adding "Especially now they take him for a walk once a week."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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 and their relatives, where appropriate, were involved in planning their care and support. A 'Client guide' was provided detailing what people should expect from the service including their rights and responsibilities.
- Staff told us the care plans provided enough information to guide them in the support people wanted and needed. Care records were reviewed and updated to reflect changing needs.
- An electronic care planning system was in place. Information was personalised and reflected people's wishes and preferences.
- Staff told us information about people's support needs was easily accessible to them. They told us, "We were trained to read about the client on the care app before the start of our shift so that we will know the medical record and how to care for them" and " We have enough information about clients needs, the app helps and over time you get to know more ."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care plans provided staff with information about their personal history, background, family, interests, and social contacts. This ensured staff had access to relevant information about people and what was important and of interest to them.
- We saw information to show where people's support packages included social support to help facilitate community activities, such as shopping, going for walks, or joining a coffee morning.

Improving care quality in response to complaints or concerns

- Systems and processes were in place to respond to people's concerns and complaints.
- People we spoke with knew they could contact the office to raise any concerns and referred to an information pack which had been provided. Two people told us they had not needed to raise any concerns. However, added, "I'd ring Cherish. I've got the number", and "I'd ring the office up and hope to be taken seriously." Another people told us, "I've only had to raise a concern once. I had someone come round to discuss it."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in

relation to communication.

- People's individual communication needs and how these were to be met were detailed within their care plan.
- People's care records were made available via a care plan app on a mobile device. A guide was provided on how to access their information. We were told those people unable or did not wish to use the app, would be provided with a paper copy on request.
- We saw information was made available in large print for those people with a visual impairment.

End of life care and support

- At the time of the inspection the service was not providing end of life.
- The registered manager and office staff have previously completed end of Life training and are able to guide staff in the care of people.
- The service has created a box containing personal care items for people receiving palliative care, helping to offer further comfort and support.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service worked together with people, their relatives, staff and health and social care professionals, to ensure people's needs were met..
- Feedback we received suggested some people felt staffing arrangements could be improved, with more consistent staffing and additional training. These themes had also been identified within the feedback surveys sent out by the service. Actions had been identified to try and resolve this.
- The local authority told us they worked closely with the service, adding, "They are responsive and engaging, we have positive feedback from operational colleagues and service users in receipt of their support."
- People were provided with a 'client guide to service'. This outlined information about the service provider, their values and what people could expect.
- Opportunities were also made available for staff to share their views as well as raise any issues or concerns. These included feedback surveys and patch meetings.
- Staff told us the team worked well together and were committed to providing good care. Their comments included; "Staff are very professional and courteous", and "Good professional relationship with people and each other."

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

- The management team were clear about their role and responsibilities. The service had a registered manager. They were supported by a branch manager who had day to day responsibility for the service.
- Quality assurance systems provided clear monitoring and oversight of the service. These included fortnightly meetings with the provider. Action plans were in place to address areas of improvement.
- Managers completed 'key performance' reports which explored standards of care delivery. This helped to inform the 'business improvement plan' which looked at the short and long term aims in developing and improving the service.
- Spot checks were carried out to check staff were meeting people's needs. These included, staff conduct, administration of medication and moving and handling including the use of equipment.
- Staff spoken with spoke positively about working for the service and the support offered by the

management team. Staff told us, "If staff reach out to management, issues are rectified", "Managers are very supportive and helpful", and "Best place I've worked."

#### Working in partnership with others

- The service had worked closely with the local authority to develop services within the borough. We were told, "Cherish have proved to be a very good proactive partner in the delivery of Home Care and reablement."
- The registered manager also told us Cherish had partnered with Trafford Council to introduce transport for those care staff who did not have their own vehicle. A minibus with designated drivers had been provided to transport staff to and from care visits. This had helped the service response to the needs of the borough, particularly those people being discharged from hospital.