

Cherry Care Services Limited

# Cherry Care Services Limited - Northampton

## 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?	Good ●

# Summary of findings

## Overall summary

Cherry Care is a small domiciliary care agency that provides the regulated activity, 'personal care' to people living in their own homes in the community. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

At the time of the inspection, the service was providing 'personal care' to eight people using the service.

At our last inspection in December 2015, we rated the service 'Good'. At this inspection, we found the evidence continued to support the rating of 'Good' and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People and relatives felt safe with the staff providing their care and support. Staff were aware of their responsibilities for keeping people safe from any form of abuse and avoidable harm. The registered manager understood their responsibilities to keep people safe, they had notified the local safeguarding authority and Care Quality Commission (CQC) of safeguarding concerns and carried out investigations as required.

Staff recruitment procedures ensured appropriate checks were carried out on new staff to ensure they were suitable to work at the service. The staffing arrangements met the individual dependency needs of people using the service.

Staff had the appropriate skills, competency and knowledge to meet people's individual needs. Health and safety training followed current relevant national guidance to prevention and control of infection.

Ongoing support and one to one supervision was provided for staff to reflect on their practice and promote self development.

People received their medicines safely and staff supported people to access support from healthcare professionals when required to ensure that people received coordinated care and support.

Staff understood the Mental Capacity Act, 2005 (MCA) legislation and followed this in practice.

People were involved in planning their ongoing care and support. The care plans were person centred and provided staff with appropriate guidance.

People's needs and risks were assessed and staff were aware of the needs of each person. Staff treated people with kindness, dignity and respect and provided care in keeping with their wishes and preferences.

Feedback from people, relatives and staff was used to drive continuous improvement of the service. The complaints policy was made available to people and relatives so they knew how to raise any concerns and complaints.

The service notified the Care Quality Commission of events and incidents, as required by law. Internal audits continually monitored the quality of the service, based on the audit findings timely action was taken to drive continuous improvement of the service.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

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## **Detailed findings**

### Background to this inspection

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

This was the second comprehensive inspection of Cherry Care Services. We gave the service 48 hours' notice of the inspection because it is a small community care service and we needed to ensure the registered manager would be available. The inspection started on 19 January and ended on 22 January 2018.

The inspection was undertaken by one inspector.

Before the inspection, the registered provider completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We planned for the inspection using information from the PIR and other information we held about the service. This included statutory notifications. A statutory notification is information about important events; the provider is required to send us by law.

With people's consent, we carried out home visits with two people who used the service. We also visited the office location to meet with the registered manager / registered provider. We reviewed the care records for three people using the service, two staff recruitment records and other records in relation to the management and running of the service. These included staff training records, quality assurance audits, safeguarding and complaints records. We spoke with two people using the service, two relatives and three care staff. We also took into consideration feedback received from commissioners who monitor the care and support of people using the service.

# Is the service safe?

## Our findings

People told us they felt safe. One person said, "I feel very safe." Another person with limited verbal communication, responded by smiling, nodding and giving us a thumbs up." One relative said, "I have absolutely no concerns at all, the staff are excellent." Another relative said, "The staff are fantastic, [Name of person] is very safe in their hands."

Staff told us, and records showed they received training in safeguarding. One staff member said, "I have completed safeguarding training, I know how to report any concerns of abuse, in the first instance I would contact the manager, I am confident [Name of manager] would alert the authorities." Records confirmed that staff received safeguarding training that included information on how to raise safeguarding concerns directly to the safeguarding authority, known as 'whistleblowing'. A safeguarding policy was available to staff for guidance. The registered provider was aware of their responsibility to submit safeguarding alerts to the local safeguarding authority as required.

People had individualised risk assessments in place, for example, risks of falls, developing pressure area sores and malnutrition. Staff told us, and records showed they followed the instructions in the risk assessments. The registered manager closely monitored all incidents and appropriate action was taken to mitigate the risks of repeat incidents, to ensure lessons were learned to continually protect people from avoidable harm.

Staff received training on infection control and followed best practice guidance in preventing infections. Records showed that unannounced spot checks took place to observe staff were following infection control guidelines. We observed staff were supplied with sufficient personal protective equipment (PPE) to use in protecting people from the risks of the spread of infection or illness.

Staffing resources were suitable to meet people's needs. Relatives confirmed their family members always received the right level of support from the service. One relative said, "The staff always turn up on time and they stay for the full time." One member of staff said, "I have not experienced any difficulties regarding staffing, we work really well as a team, we cover when another member of staff is on holiday or off sick." At the time of our inspection, we found the staffing levels to be sufficient to meet people's needs.

Records showed that relevant pre-employment checks were carried out. References were obtained from previous employers and checks were carried out through the government body Disclosure and Barring Service (DBS), to include criminal records checks. This meant the registered manager continued to take reasonable steps to ensure all staff were suitable to work with people using the service.

Systems were in place to manage people's medicines safely. People told us they received their medicines on time. Records confirmed that staff received training on the safe administration of medicines. We saw that the medication administration records (MAR) were completed accurately and regular auditing of medicines was carried out to ensure any errors could be rectified and dealt with in a timely manner.

## Is the service effective?

### Our findings

People's needs were assessed and continually met. People and their relatives confirmed they were fully involved in decisions regarding their care. Records showed care assessment covered people's physical, mental health and social care preferences. This enabled staff to meet their diverse needs.

People received care from staff that had the knowledge and skills to carry out their roles and responsibilities. One relative said, "The staff seem very competent and experienced in what they do." Staff said that when first starting at the service, they had completed initial induction training and worked alongside an experienced staff member, until they were sufficiently competent to work unsupervised. Records showed staff received updates to training as required. For example, in moving and handling, falls prevention, nutrition and pressure area care and medicines administration. This meant staff continued to work to current best practice guidelines.

Staff told us, and records showed they received regular one to one supervision and an annual appraisal of their performance. One staff member said, "[Name of registered manager] makes sure we have regular supervision, whether it is face to face or over the telephone. [Name of registered manager] is very supportive; you can discuss any concerns at any time. We have staff meetings and [Name of registered manager] has open days when we can drop in for a coffee and a chat, she is very approachable."

Where the provider took on the responsibility, people were supported to eat and drink a healthy balanced diet. Guidance was available in the care plans for staff to follow in relation to people's dietary needs. This included information on food and drink preferences, records showed that staff followed the guidance and closely monitored the foods and fluids taken by people identified at risk.

The service worked with other agencies in response to people's changing needs, to enable consistent care was provided. People's care plans contained information about their medical history and current health needs and their health needs were frequently monitored and discussed with them, and if appropriate their relatives and other healthcare professionals.

People's care and support was provided in line with relevant legislation and guidance. The Mental Capacity Act (MCA) 2005 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 make 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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection.

At the time of the inspection, it was confirmed that no people were being deprived of their liberty. The registered manager and staff understood the principles of the MCA. People and their relatives confirmed that staff always sought consent before carrying out any care tasks and staff understood the importance of

always seeking consent before providing people with their care.



## Is the service caring?

### Our findings

People and their relatives continued to experience positive caring relationships with staff. They confirmed staff were caring and supportive towards them. Comments included, "They are lovely staff" and "Fantastic we are very happy with the staff they are like friends." People and relatives told us the staff were respectful, compassionate and respectful. One relative said, "The staff always make sure [Name of person's] privacy is respected they always provide personal care in private, closing curtains and behind closed doors.

Staff spoke of people they supported in a caring and respectful manner. People's care plans were and written in a way that explained how people preferred their care to be provided. The staff were able to tell us in detail about the needs of the people they provided care for; their likes and dislikes and the specific support they required, which demonstrated they were knowledgeable of the people in their care.

People and their relatives were actively involved in making decisions about their care and support. They told us they were involved in the initial assessment of their needs and in the on-going reviews of their care plans. One relative commented, "I am very involved with [Name of person's] care, I keep in regular contact with the staff and am always involved in [Name of person's] care reviews. The staff keep me fully informed of any changes."

Information was available for people on using independent advocacy services. Advocacy services can represent people, where they have no family member or friend to represent them. The registered manager told us at the time of the inspection no people using the service were currently using an advocate.

## Is the service responsive?

### Our findings

People received personalised care that met their needs. One relative said, "We have a great relationship with the staff, we work together to ensure [Name of person] gets the support they need. The staff communicate with [Name of person] really well, they spend time with [Name of person] they don't rush things."

Where the service was responsive; people were supported to take part in activities of their choice. The care plans contained information about people's backgrounds, hobbies and interests and staff used the information to deliver personalised care and support. For example, one person enjoyed doing jigsaws and watching movies from their vast collection of DVD's. Another person liked the staff to read to them and another liked to play dominoes with the staff.

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard, for example, large print and easy read documentation.

People and their relatives were given a copy of the providers' complaints procedure and they confirmed they knew how to make a complaint if needed. One relative commented, "I have never had the need to complain, the staff are very approachable, I regularly see the manager and if there ever was any problem, I would speak directly with the manager." The registered manager told us that since the last inspection, no complaints had been received.

The service provided end of life care and staff had received appropriate training to provide such care. One relative commented their family member had been discharged from hospital over twelve months ago on end of life care. They said, "All credit to the staff and the excellent care [Name of person] is receiving, their health has now greatly improved." The family of a person that had since passed away were very complimentary of the care their family member had received. They commented how the staff understood what was important to the person, how they had provided care with sensitivity, compassion and dignity. They said the staff's kindness and concern was apparent due to their extraordinary attention to detail, for example, applying perfume, moisturisers, brushing the person's hair back into style. The family said it was so in tune to the [Name of the person] and their personality, they said the staff had brought invaluable support and friendship to the person and their family at the end of their life.

## Is the service well-led?

### Our findings

The provider of the service was also the registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was aware of their responsibility to submit notifications and other required information.

It was clear from the feedback we received that the registered manager adopted a positive open culture and worked closely with people using the service and their relatives. Relatives expressed great confidence in the registered manager and the staff team.

Feedback was regularly sought from people, relatives and staff. The feedback we received from people and commissioners was positive and records showed the feedback the registered manager received was equally as positive. One person said, "The care staff are such nice people doing a very worthwhile job. I would thoroughly recommend this service." A relative commented, "I am very confident that [Name of person] is in very good hands."

The service was committed to ensuring on-going development and improvement. The registered manager carried out regular quality assurance audits to monitor the effectiveness of the service. The audits included checks on care plans, risk assessments, medicines and medicines administration records and daily notes. They also carried out regular unannounced spot checks. Where improvements were identified, timely action was taken to rectify them.

Staff told us, and records showed they had regular one to one meetings and team meetings with the registered manager. In addition, the registered manager held informal open days, for staff to meet and socialise over a coffee. Staff told us the registered manager was very approachable and they felt they could contact them at any time. For example, one member of staff said, whilst on a visit they found the person that had dementia was becoming increasingly anxious, they said they contacted the registered manager for advice and they arrived within minutes. The staff member said, "[Name of registered manager] helped reassure the person and relieve their anxiety, [Name of registered manager] is a good role model." Another member of staff said, "Communication with the manager and the team is very good, we work really well as a team."

The service worked in partnership with agencies that commissioned services and the local authority safeguarding authority to ensure that people received a consistent approach to their care and support.

Established quality monitoring systems were used to continually assess the effectiveness of the service and identify areas for further improvement. The registered manager was aware of their responsibility to have on display the rating from their last inspection and we saw the rating was on display. The provider is required to display their latest CQC inspection rating so that people, visitors and those seeking information about the service can be informed of our judgments.

