

Cherish UK Limited

# Cherish UK Ltd

## Inspection report

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Date of inspection visit:  
19 September 2017

Date of publication:  
12 October 2017

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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

Cherish UK is a privately owned domiciliary agency situated on Amy Johnson Way business park in Blackpool. The agency covers a wide range of dependency needs including adults and children, people with a learning disability, people with mental health problems and younger adults with a physical disability.

At the last inspection the service was rated Good. At this inspection we found the service remained Good.

We spoke with 12 people supported by the service and five family members. They told us staff who visited them were polite, friendly and caring. They told us they received patient and safe care and they liked the staff who supported them. Comments received included, "I get the same group of carers and I feel safe with them. We do things together." And, "The staff who visit me are all very nice and helpful."

We visited one supported living house where four people lived. We saw they were well cared for by caring and conscientious staff. Staff spoken with had a good understanding of people's care needs.

The service had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

During this inspection people supported by the service told us staff were usually reliable. However four people expressed concern about their carers arriving late and not always knowing who they would be. We discussed this with registered manager who agreed to review the services procedures.

Staff had been recruited safely, appropriately trained and supported. They had skills, knowledge and experience required to support people with their care and social needs.

We found staff had been appropriately trained and supported. They had skills, knowledge and experience required to support people with their care and social needs.

Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required. People receiving care in the community told us they received their medicines at the times they needed them. Medication procedures at the supported living house we visited were found to be safe.

The service had safe infection control procedures in place and staff had received infection control training. Staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of cross infection.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People's care and support was planned with them. People told us they had been consulted and listened to about how their care would be delivered.

Staff supported people in the community to have a nutritious dietary and fluid intake. Assistance was provided in preparation of food and drinks as people needed. People who lived at the supported living house were appropriately supported with their food and fluid intake.

People were supported to have access to healthcare professionals and their healthcare needs had been met.

People told us staff were caring towards them. Staff we spoke with understood the importance of high standards of care to give people meaningful lives.

The service had information with regards to support from an external advocate should this be required by people they supported.

People told us the staff who visited them treated them with respect and dignity.

People who used the service and their relatives knew how to raise a concern or to make a complaint. The service had kept a record of complaints received and these had been responded to in a timely manner.

The service used a variety of methods to assess and monitor the quality of the service. These included daily service meetings, quality assurance visits, satisfaction surveys, spot checks, and care reviews. Where people had raised concerns about their visits these had been listened to and responded to appropriately.

The registered manager and staff were clear about their roles and responsibilities and were committed to providing a good standard of care and support to people in their care.

## 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.

# Cherish UK Ltd

## Detailed findings

### Background to this inspection

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 inspection visit took place on 19 September 2017 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service to people who lived in the community. We needed to be sure that we could access the office premises.

The inspection team consisted of an adult social care 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. The expert-by-experience had a background dealing with older people.

Before our inspection on 19 September 2017 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people the service supported. We also checked to see if any information concerning the care and welfare of people supported had been received.

We reviewed the Provider Information Record (PIR) we received prior to our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This provided us with information and numerical data about the operation of the service. We used this information as part of the evidence for the inspection. This guided us to what areas we would focus on as part of our inspection.

During our inspection we spoke with 12 people who received care in the community and five family members. We also went to the Cherish UK Ltd office and spoke with the registered provider, registered manager and five staff members providing care in the community. We visited a supported living house and observed the care provided for three people who lived there. We also checked their care and medication records and spoke with four staff members.

Whilst at the Cherish UK Ltd office we looked at the care records of three people receiving care in the community, recruitment records of three staff members, the training matrix and records relating to the management of the service. We also spoke with the commissioning departments at Blackpool council and Lancashire county council. This helped us to gain a balanced overview of what people experienced accessing the service.

# Is the service safe?

## Our findings

We spoke with people about the service they received and whether they felt safe in the care of staff who supported them. They told us they usually had the same group of staff who provided their care and they were familiar with their needs and preferences. Comments received included, "The carers who visit me are on time and I know them all." And, "I get male and female carers but that is not a problem. I feel safe with them all." A relative said, "They are usually on time and if running late will ring to let us know."

The service had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen and staff spoken with confirmed they had received safeguarding vulnerable adults training. Staff members we spoke with understood what types of abuse and examples of poor care people might experience and understood their responsibility to report any concerns they may observe. The service had cooperated and worked with safeguarding teams when concerns had been referred to them to investigate.

Care plans seen had risk assessments completed to identify the potential risk of accidents and harm to staff and people in their care. Risk assessments provided clear instructions for staff members when they delivered their support. We also saw the service had undertaken assessments of the environment and any equipment staff used when supporting people. Where potential risks had been identified action taken by the service had been recorded. Training records seen confirmed staff had received moving and handling and health and safety training to ensure they had the knowledge and skills to support people safely when they delivered care. People who required assistance with moving and handling had been allocated two care workers.

We found staff had been recruited safely, appropriately trained and supported. They had skills, knowledge and experience required to support people with their care. The registered manager monitored and regularly assessed staffing levels to ensure sufficient staff were available to provide support people needed. People supported by the service told us staff who visited them were usually reliable although four people had issues with their carers arriving late. We discussed this with the registered manager. They agreed to review the services on call procedures to ensure people were informed when their carers were going to be late for their visits.

We spoke with people about the management of their medicines. They told us they were happy with medicines arrangements and received their medicines when they needed them. Medication procedures at the supported living house we visited were found to be safe. One person supported in the community said, "They are very good with my medicines and write it all down on the administration sheets."

Staff had received infection control training and were provided with appropriate personal protective clothing such as disposable gloves and aprons. This meant staff were protected from potential infection when delivering personal care. People supported in the community confirmed staff wore gloves and aprons when delivering their personal care.

## Is the service effective?

### Our findings

People received effective care because they were supported by an established and trained staff team who had a good understanding of their needs. People told us staff understood their needs and said they were happy with the care and support they received. One person said, "The staff are well trained and know what they are doing." And, "They are well trained enough but I just tell them what is to be done. They all laugh at me giving them orders but they do it for me."

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Care plans seen confirmed people's dietary needs had been assessed and any support they required with their meals documented. For example clear instructions were in place for one person who experienced swallowing difficulties and required a soft diet. The guidance was clear and ensured the person was supported safely. Food preparation at mealtimes was completed by staff members with the assistance of people they support where appropriate. People cared for by the service told us they were happy with the support they received with their meals.

We saw people's care records included the contact details of their General Practitioner (GP) so staff could contact them if they had concerns about a person's health. People we spoke with said their general health care needs were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments if needed. We saw one person who lived at the supported living house had received a visit from a dietitian after weight loss had been identified. We saw following the visit a meal plan had been created including lots of snacks and bulkier meals to help the person gain weight.

## Is the service caring?

### Our findings

People supported by the service told us they were treated with kindness and staff were caring towards them. Comments received included, "My carers are all really nice, pleasant and helpful." And, "The carers are excellent. You couldn't pay them enough for all they do."

Care plans seen confirmed people or a family member had discussed their care and support needs with the service. We saw agreement had been reached about how their support was to be provided and how they would like this delivered. For example one person who had requested male carers had been allocated a full staff team of male carers. People supported in the community confirmed they had been consulted and listened to about how their care would be delivered. One person said, "Yes I have a care plan. We sat down together and they agreed to do things how I wanted."

Staff had a good understanding of protecting and respecting people's human rights. They were able to describe the importance of promoting each individual's uniqueness. People supported by the service told us staff who visited them had an extremely sensitive and caring approach.

Staff we spoke with showed they had an understanding and an appreciation of people's individual needs around privacy and dignity. People supported by the service told us staff spoke with them in a respectful way and they were treated with dignity during delivery of their personal care.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The service had information details for people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

People's end of life wishes had been recorded on their palliative care plans so staff were aware of these. The registered manager told us the service spent time with people and their family to build a specific end of life support plan where needed. They told us the service listened to their wishes and support the family.

## Is the service responsive?

### Our findings

We found the service provided care and support that was focused on individual needs, preferences and routines of people they supported. People we spoke with told us how they were supported by staff to express their views and wishes. This enabled people to make informed choices and decisions about their care and support.

The service had a complaints procedure which was made available to people they supported and their family members. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and the Care Quality Commission (CQC) had been provided should people wish to refer their concerns to those organisations. We saw the service had a system in place for recording complaints. This included recording the nature of the complaint and the action taken by the service. We saw complaints received had been responded to promptly and the outcome had been recorded.

The service had considered good practice guidelines when managing people's health needs. For example, we saw people had health action plans and hospital information booklets in place. These are documents which promote communication between health professionals and people who cannot always communicate for themselves. They contain clear direction as to how to support a person and include information about the person's personal details, next of kin, medication, communication needs, allergies and healthcare needs.

## Is the service well-led?

### Our findings

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission 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 service had systems and procedures in place to monitor and assess the quality of their service. These included seeking views of people they support through satisfaction surveys. People were asked a number of questions. These included asking if they were happy with their carers, office staff and the service overall. Where issues had been raised these had been addressed by the service with follow up surveys being sent to ask if people if they were satisfied with changes made. We saw people contacted were satisfied improvements had been made. One person said, 'Everything is better now. I love the new carers and really feel comfortable with them. Thank you for listening.'

Additional quality monitoring procedures in place included home visit assessments. These were completed by the services quality monitoring coordinator. Feedback received during these visits included overall satisfaction with the service and staff who were described as very good. One person had told the coordinator they felt comfortable in the company of staff which was very important to them. Comments received from people during the visits included, 'I am very happy with the service. All carers do a wonderful job.' And, 'I am so impressed with my carer. The care is working wonderfully well. I cannot praise my carer enough.'

Views of people we spoke with about the organisation of the service varied with 13 people telling us they were happy and four commenting about the service being disorganised. 13 people said communication with the service was good whilst four felt this could be improved. Comments received included, "They have been out to see me several times to check everything is working well. If I have to ring the office they are really helpful." And, "They come out from time to time to check everything is ok. If I have to ring them they are helpful." And, "It would be a really good service if the organisation was better." We discussed this with registered manager who agreed to review the services procedures to ensure people listened to and supported.

The registered manager had introduced daily service meetings which they chaired and were attended by care coordinators. Issues discussed during the meetings included any complaints/compliments received, issues received from the on call service and any concerns about people's visits. These were then allocated to a care coordinator to deal with.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services, healthcare professionals including General Practitioners, psychiatrist's and district nurses.

The service had on display in the reception area of their premises and their website their last CQC rating,

where people could see it. This has been a legal requirement since 01 April 2015.