

Cherish UK Limited

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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 

Overall summary

This inspection visit took place on 02 and 03 September 2015 and was announced.

At the last inspection on 02 April 2014 the service was meeting the requirements of the regulations that were inspected at that time.

Cherish UK Ltd 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 who live with mental ill health and younger adults with a physical disability.

At the time of our inspection visit Cherish UK Ltd provided services to 193 people.

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.

Summary of findings

We found recruitment procedures were safe with appropriate checks undertaken before new staff members commenced their employment. Staff spoken with and records seen confirmed a structured induction training and development programme was in place.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and social needs.

The registered manager 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 any unsafe care or abusive practices. People we spoke with told us they felt safe and their rights and dignity were respected.

Staff knew the people they were supporting and provided a personalised service. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care.

Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required. People told us they received their medicines at the times they needed them.

People told us they were usually supported by the same group staff. This ensured people were visited by staff who understood their support needs and how they wanted this to be delivered. One person we spoke with said, “We have the same group of carers who visit our [relative]. The care they provide is very good and meets all our [relatives] needs.”

The registered manager used a variety of methods to assess and monitor the quality of the service. These included satisfaction surveys, spot check and care reviews. We found people were satisfied with the service they were receiving. 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.

Summary of findings

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.

The provider had procedures in place to protect people from abuse and unsafe care. People we spoke with said they felt safe.

Assessments were undertaken of risks to people who used the service and staff. Written plans were in place to manage these risks. There were processes for recording accidents and incidents. We saw that appropriate action was taken in response to incidents to maintain the safety of people who used the service.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people using the service.

Good



Is the service effective?

The service was effective.

People were supported by staff who were sufficiently trained, skilled and experienced to support them to have a good quality of life. They were aware of the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink according to their plan of care.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required if they had concerns about a person's health.

Good



Is the service caring?

The service was caring.

People who used the service told us they were treated with kindness and compassion in their day to day care.

People were involved in making decisions about their care and the support they received.

Good



Is the service responsive?

The service was responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

People were supported to maintain and develop relationships with people who mattered to them.

People knew their comments and complaints would be listened to and responded to.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

Systems and procedures were in place to monitor and assess the quality of service people were receiving. The registered manager consulted with stakeholders, people they supported and relatives for their input on how the service could continually improve.

A range of audits were in place to monitor the health, safety and welfare of people. Quality assurance was checked upon and action was taken to make improvements, where applicable.

Cherish UK Ltd

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 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 02 and 03 September 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service to people living in the community. We needed to be sure that someone would be in.

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 for the inspection at Cherish UK Ltd had experience of services who supported older people.

Before our inspection on 02 and 03 September 2015 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 being supported had been received.

During our inspection we went to the Cherish UK Ltd office and spoke with a range of people about the service. They included the care manager, human resources manager, training manager, quality monitoring officer and four staff members. We also spoke three people who used the service and the relatives of two people.

We looked at the care records of three people, training and recruitment records of four staff members and records relating to the management of the service. We also spoke with the commissioning department at the local authority. 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. One person said, “I feel safe with the carers coming into my home. They help and support me with my freedom and independence. I am very grateful for all they do for me.”

The service had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen confirmed all staff had received safeguarding vulnerable adults training. The staff members we spoke with understood what types of abuse and examples of poor care people might experience. The service had a whistleblowing procedure. Staff spoken with told us they were aware of the procedure. They said they wouldn't hesitate to use this if they had any concerns about their colleagues care practice or conduct.

We looked into the records of people who had been subject to an investigation under local safeguarding procedures. There was evidence that the service had been open and transparent, had shared relevant information and participated actively in the process. This showed the service worked with other organisations to protect people who used their service.

We looked at how the service was being staffed. We did this to make sure there was enough staff on duty at all times to support people in their care. We looked at the services duty rota, spoke with staff and people being supported with their care. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people using the service. Staffing levels were determined by the number of people being supported and their individual needs. Staff members spoken with said they were allocated sufficient time to be able to provide the support people required. One staff member said, “My visits are really well managed. I have never felt under pressure travelling between my appointments.”

The service operated an electronic call logging system to monitor staff visits to people's homes. Staff were required to log on the system when they arrived at a person's home and log off when they left. This enabled the service to check staff were arriving on time and staying for the correct amount of time allocated. The care manager informed us the system alerted office staff if a staff member hadn't

logged in at the correct time. The staff member would then be contacted to establish the cause of the delay. The care manager told us the staff members next appointment would be contacted, made aware of the situation and informed what action was being taken by the service.

People we spoke with said they received a call from the service if their care worker was running late or unable to attend their visit. One person said, “There have been occasions when they have phoned to say my carer was running late. I have to say this has been very rare and they have never let me down.”

We looked at the recruitment procedures the service had in place. We found relevant checks had been made before four new staff members commenced their employment. These included Disclosure and Barring Service checks (DBS), and references. These checks were required to identify if people had a criminal record and were safe to work with vulnerable people. The application form completed by the new employee's had a full employment history including reasons for leaving previous employment. Two references had been requested from previous employers and details of any convictions recorded. These checks were required to ensure new staff were suitable for the role for which they had been employed.

Staff spoken with confirmed their recruitment had been thorough. They told us they had not commenced supporting people until all their safety checks had been completed.

Care plans seen had risk assessments completed to identify the potential risk of accidents and harm to staff and the people in their care. The risk assessments we saw provided clear instructions for staff members when delivering 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 the action taken by the service had been recorded.

The staff members we spoke with confirmed guidance was provided to ensure they provided safe and appropriate care. One staff member we spoke with said, “We have really thorough assessments of the person's home to identify any potential hazards to our safety. If we are using moving and

Is the service safe?

handling equipment (hoist and slings) these are assessed to ensure they are safe for use.” Another staff member said, “We have thorough and detailed information about how to support people safely.”

We looked at the procedures the service had in place for assisting people with their medicines. The care manager told us his staff prompted people to take their medicines and were also involved in administering their medication. Records we checked were complete and staff had recorded the support they had provided people to take their medicines.

All staff employed by the service received medication training during their induction. Discussion with four staff members confirmed they had been trained and assessed as competent to support people to take their medicines. We spoke with three people about the management of their medicines. They told us they were happy with the medication arrangements and had no concerns.

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 received a good level of care and support. One person supported by the service said, "I was unwell recently when my carer arrived. They responded brilliantly and got me to hospital. I was so grateful for their help."

We spoke with staff members, looked at individual training records and the services training matrix. The staff told us the training they received was provided at a good level. One staff member said, "When I joined the agency I received three days induction training at the office and then shadowed experienced colleagues for a further three days. The training was delivered at a professional level. I felt well trained and confident when I began supporting people alone." Another staff member said, "The agency has mandatory training which we all have to attend and have updated when required. We are also provided with professional development and specialised training to enable us to support people with complex needs."

Records seen confirmed staff training covered a range of subjects including safeguarding, moving and handling first aid and food hygiene. All staff employed by the service had received medication training and had been assessed to ensure they were competent before they could support people with their medicines. Discussion with staff members and reviewing training records confirmed staff were provided with opportunities to access training to develop their skills. The staff we spoke with said this helped them to provide a better service for people they supported. Most had achieved or were working towards national care qualifications.

The care manager demonstrated an understanding of the legislation as laid down by the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS). Discussion with the care manager informed us he was aware of the 'process to assess capacity and the fact that it is decision specific. Staff spoken with demonstrated a good awareness of the code of practice and confirmed they had received training in these areas. They told us they understood the procedures that needed to be followed if people's liberty needed to be restricted for their safety.

Records seen and staff spoken with confirmed staff received regular supervision and annual appraisal. These are one to one meetings held on a formal basis with their line manager. Staff told us they could discuss their development, training needs and their thoughts on improving the service. They told us they were also given feedback about their performance. They said they felt supported by the management team who encouraged them to discuss their training needs and be open about anything that may be causing them concern.

We spoke with one staff member visiting the office for supervision with a member of the management team. The staff member said, "I find the service is very supportive. I have regular supervision and we also get contacted by management by phone to check we are alright and if our visits are going well."

Staff spoken with told us meetings were held, so the staff team could get together and discuss any areas of interest in an open forum. This also allowed for any relevant information to be disseminated to staff members. Records seen confirmed meetings had taken place. We saw during a recent meeting staff had been reminded the importance of using the service's telephone monitoring system. This system is used by the service to check staff are arriving and leaving people's homes at the correct times. The registered provider said the system helped management to monitor the reliability of their service.

Care plans seen confirmed people's dietary needs had been assessed and any support they required with their meals documented. Food preparation at mealtimes was completed by staff members with the assistance of people they support where appropriate. Staff told us people decided each day the meals they wanted. One person we spoke with said, "The staff assist me with my meals daily. I am happy with and grateful for the support I receive."

We saw staff were documenting the meals provided confirming the person's dietary needs were being met. Staff spoken with during our visit confirmed they had received training in food safety and were aware of safe food handling practices.

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. We saw that where staff had more immediate concerns about a person's health they accessed healthcare services to support the

Is the service effective?

person and support their healthcare needs. For example we saw on one person's care plan the person was unwell when staff arrived for their visit. The staff had requested an ambulance and then contacted person's relative and management to update them. The staff had recorded on the person's care plan they remained with them until their relative arrived.

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.

Is the service caring?

Our findings

People we spoke with told us they were treated with kindness and staff who visited them were friendly and caring. Comments received included, “The carers who visit me are kind and friendly. They attend to me in a compassionate manner and treat me with dignity and respect. I don’t know what I would do without them.”

Another person said, “The carers who visit my [relative] are a lovely group of people. They have a very good understanding of my [relatives] needs and know how to meet these. My [relative] knows each and every one of them and looks forward to their visits. We couldn’t ask for a more caring group of staff.”

We looked at the care records of three people and found a person centred culture which encouraged people to express their views. We saw evidence people had been involved in developing their care plans. This demonstrated people were encouraged to express their views about how their care and support was delivered. The plans contained information about people’s current needs as well as their wishes and preferences. We saw evidence to demonstrate people’s care plans were reviewed with them and updated on a regular basis. This ensured the information staff had about people’s needs reflected the support and care they required.

People supported by the service told us they had been involved in their care planning arrangements. They said they were satisfied the staff who supported them had up to date information about their needs and this was delivered in the way they wanted. One person we spoke with said, “The agency liaises and works well with the other professionals who visit my [relative]. We have a care plan and I was involved in its development. We have just had a review and no changes to the care provided were required.”

Staff had an appreciation of people’s individual needs around privacy and dignity. They told us they had received training around respecting people’s privacy and this was a high priority for the service. People supported by the service told us staff spoke with them in a respectful way and respected their privacy. One person we spoke with said, “I have no issues with the staff who visit me. They treat me with dignity and kindness when providing my personal care.”

Before our inspection visit we received information from external agencies about the service. They included the commissioning department at the local authority. Links with these external agencies were good and we received some positive feedback from them about the care being provided. They told us they were pleased with the care people received and had no concerns.

Is the service responsive?

Our findings

We found assessments had been undertaken to identify people's support needs prior to the service commencing. A person centred care plan had then been developed outlining how these needs were to be met. We saw staff had supported and encouraged people to express their views and wishes. This enabled people to make informed choices and decisions about their care and support. We saw people had expressed when and how they wanted their support provided. For example we saw on one person's care plan the day they wanted a bath and what their food preferences were. People's objectives and desires had been identified as part of the plan of care. For example to promote independence or maintain a balanced and nutritious diet.

We looked at care records of three people. The care records were informative and enabled us to identify how staff supported people with their daily routines and personal care needs. Care plans were flexible, regularly reviewed for their effectiveness and changed in recognition of the changing needs of the person. Personal care tasks had been recorded along with fluid and nutritional intake where required.

We saw the service had procedures in place to respond to emergencies. Records seen showed how the service had responded to an identified health concern during one staff member's visit. We saw the staff member had contacted the ambulance service and remained with the person until they had received medical attention. We saw the action taken by the staff member including contacting the

person's relative and the service had been documented. The service had contacted people the staff member was due to visit and advised their visit would be delayed. One person supported by the service said, "There has been times when my carer has been running late. I have been contacted by the office and made aware of this."

People we spoke with told us they found the service was responsive in changing the times of their visits when required. We were also informed they were quick to respond if they needed an extra visit because they were unwell. One person said, "I find the office staff very obliging if I need a change to my visits."

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 incidents/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.

People who used the service and their relatives told us knew how to make a complaint if they were unhappy about anything. One person said, "We know how to complain and they have dealt with things quickly when we have."

Is the service well-led?

Our findings

The service had a registered manager who was on maternity leave when this inspection took place. We found the service had appropriate management arrangements in place to cover the absence of the registered manager. The registered provider had asked the service's care manager to cover the duties of the registered manager. We found the care manager understood their responsibilities and was supported by the registered provider to deliver what was required. The care manager had ensured (CQC) were notified of any incidents or issues relating to the service in a timely manner. This meant that we received all the information about the service that we should have done.

Comments received from staff and people supported were positive about the service's management team. One member of staff said, "The management team are very approachable and supportive."

We found the service had clear lines of responsibility and accountability with a structured management team in place. The management team were experienced, knowledgeable and familiar with the needs of the people they supported. The registered provider had delegated individual responsibilities to members of the management team including key support workers and a quality monitoring officer. These included undertaking supervision sessions and annual appraisals. Spot checks were also being undertaken whilst staff were undertaking their visits. These were in place to confirm staff were punctual, stayed for the correct amount of time allocated and people supported were happy with the service. The quality monitoring officer who had requested changes to their visit times or had expressed concerns about the service.

The service had systems and procedures in place to monitor and assess the quality of their service. These included seeking the views of people they support through satisfaction surveys. Care reviews with people and their family members were also being undertaken. We looked at a sample of 12 client reviews that had been completed with people who used the service. People were asked a number of questions. These included asking if they were happy with the service provided, did carers arrive on time, were they polite and helpful and were their complaints responded to promptly. We noted the responses received were generally positive. Where concerns about the service had been raised these had been followed up by the service. This showed the service listened and responded to the views of the people they supported and their family members.

Regular staff meetings were also being held and records confirmed these were well attended. Issues discussed at a recent meeting included sickness levels and concerns management had about the service provided to people. Staff were reminded to log in and out when they visit people's homes. Staff were informed this enabled management to monitor the reliability of the service provided.

Regular audits were being completed by the service. These included medication, safeguarding incidents, finance, record keeping, staff supervision arrangements, infection control, reviewing care plan records and staff training. Any issues found on audits were quickly acted upon and any lessons learnt to improve the service going forward.