

**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Cherish U Ltd

19 Belgrave Avenue, Congleton, CW12 1HS

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Date of Inspection: 21 November 2012

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December 2012

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Safeguarding people who use services from abuse</b>	✓	Met this standard
<b>Requirements relating to workers</b>	✗	Action needed
<b>Complaints</b>	✓	Met this standard
<b>Records</b>	✗	Action needed

## Details about this location

Registered Provider	Cherish U Limited
Registered Manager	Mrs. Phillipa Jones
Overview of the service	Cherish U Limited is a domiciliary care agency who provide a flexible personal care service to people in their own homes. The agency office is situated in a residential area of Congleton, Cheshire.
Type of service	Domiciliary care service
Regulated activity	Personal care

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 21 November 2012, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and talked with stakeholders.

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### What people told us and what we found

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During our unannounced inspection to Cherish U Limited we spoke with three people who used the service, three relatives, staff members and the registered manager and providers.

As part of this review, we asked people who used the service to comment on the care and support they received. One person who used the service said: "They are all very nice, I've no concerns at all." The staff are very able people who know what they are doing, I feel very lucky to have found them." Another person said: "They take their time with you, have a chat, I really enjoy their company, they are all very gentle with you when they help you get around."

We spoke with three relatives who told us that they were "Very pleased" with the service.

The people who used the service and the relatives we spoke with told us they had no concerns they wished to raise.

We noted in one of the four records reviewed that the date of the Criminal Record Bureau Check record was after their commencement of employment date. The manager told us and showed us that the staff member had a satisfactory record of an Independent Safeguarding Authority (ISA) First check in place prior to the person commencing supervised practice. The manager was not able to state that they had not worked on their own whilst awaiting the full CRB check. We also found that not all records were stored securely.

You can see our judgements on the front page of this report.

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### What we have told the provider to do

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We have asked the provider to send us a report by 11 January 2013, setting out the action

they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected.

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### Reasons for our judgement

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We saw that the information from the initial assessment, which included information received from relatives, health and social care professionals was used to develop people's support and care plans. The manager and Cherish U Limited partners told us that one of them always completed the initial visit assessment to ensure that they could meet the person's needs and to complete a full assessment, including their preferences and choices.

Family members took part in the on-going support plan as did others such as social workers and doctors. We looked at the information Cherish U Limited gave to people who used the service. Written information about the service was provided to each person and included details of how people could raise issues and who to contact. We saw within the care plan documentation that people who used the service signed to say that they had received a 'Service User' handbook.

People who used the service told us that staff were kind and caring, helped them when they needed and treated them with dignity and respect. Nobody had any concerns about their care and they said if they did they would have no worries about raising them.

We spoke with three relatives who told us that they were "Very pleased" with the service. One relative told us "The staff are all pleasant" and another said: "I have no reason whatsoever to complain, they take very good care of my family member." One relative said about the service: "They arrive on time, they look smart, always in uniform and the staff are excellent. We have suggested to friends that they consider using them."

We spoke to staff who told us that they worked with the service's managers on a regular basis and one staff member said: "They set good examples on how people should be treated, and how to speak to people respectfully and maintain their privacy, dignity and choice."

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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As part of the inspection we reviewed three care plans. We saw that risk assessments for example, moving and handling and falls risks had been carried out and were reassessed if a change occurred. The manager told us that otherwise a full review of the care plan and risk assessments would take place annually.

The detailed documentation about the support provided to people who used the service was written with in the 'task sheet' part of the care plan files. We saw good examples of person centred care plans in the care plans we reviewed. We also found that the managers knew the specific care needs of the people who used the service as they worked with their staff and continued to provide care and support.

We saw that the service operated every day from 7am to 11pm. The manager told us that they operated an on call rota between these hours, with a mobile telephone number given to users of the service, their family members and the staff.

The manager said that they were always available to their staff for support or advice. The staff we spoke with and met confirmed that if they had needed to contact any of the managers that one or the other was always available.

The manager told us that they had not documented 'spot checks' when they worked with the staff but that 'spot checks' were conducted informally.

When we visited people who used the service they told us that together with their families they had been involved in deciding the care package they needed. They told us that Cherish U Limited discussed everything with them including the times of the visits, the number of visits in the day and how many days a week. They saw that staff wrote in the care plans when they had visited and that they wrote about what they had done when they visited so the next carer would know what had happened.

One person who used the service said: "They are all very nice" and: "I've no concerns at all. The staff are very able people who know what they are doing, I feel very lucky to have found them." Another person said: "They take their time with you, have a chat, I really enjoy their company, they are all very gentle with you when they help you get around."

We spoke to three relatives of people who used the service who said: "Staff always ask

before they leave, are you sure there's nothing else we can do for you before we go?"  
Another relative said: "They are a friendly bunch; I've no complaints, whatsoever."

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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## **Reasons for our judgement**

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We spoke to people who used the service and with three relatives during the course of the inspection and we asked if they had any worries or concerns. No one expressed or raised any concerns to us.

Staff had completed safeguarding vulnerable adults training and also had planned refresher training. All staff spoken to knew they would need to alert senior staff immediately if they had concerns about any safeguarding issue. They were all aware that the senior staff would then inform the Local Authority. The staff we spoke with were asked what they would do if they witnessed poor practice or if an allegation of abuse was made to them. Their answers demonstrated that they knew what action to take so that people were kept safe.

Staff training records seen in the staff files reviewed confirmed that safeguarding vulnerable adults training had been provided in 2012. Three staff members told us that they had also had safeguarding vulnerable adults training with the Local Authority,

We contacted the Local Authority as part of this review. They confirmed that they had no issues with this service at this time.

The manager told us that they had safeguarding and whistle blowing policies and procedures in place and these were held in the office and would be accessible for staff. The manager told us they had access to the Local Authority safeguard procedures which they accessed electronically.

Where a safeguarding issue had been identified the manager had reported this quickly to the appropriate authorities including the Care Quality Commission.

**People should be cared for by staff who are properly qualified and able to do their job**

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## **Our judgement**

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The provider was not meeting this standard.

Not all staff had received supervision whilst awaiting their Criminal Record Bureau checks which meant that people could be at risk of being cared for staff who had not been subject to all the appropriate recruitment checks.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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## **Reasons for our judgement**

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We randomly reviewed four staff personnel records. The staff recruitment and personnel files were well organised. The records reviewed included application forms outlining the skills and experience relevant to the roles applied for, references received prior to commencing work and medical declarations all of which had been completed prior to commencing employment.

We noted in one of the four records reviewed that the date of the Criminal Record Bureau Check record was after their commencement of employment date. The manager told us and showed us that they had a satisfactory record of an Independent Safeguarding Authority (ISA) First check in place prior to the person commencing supervised practice. The manager was able to verify that the care worker had been supervised by another care worker for the majority of these shifts but was not able to state that they had not worked on their own during this period. The manager told us that no other staff member had been employed prior to the receipt of his or her CRB check.

We saw that in the other three files that the CRB checks had all been received prior to commencement of employment.

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

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**Reasons for our judgement**

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We spoke to one person who used the service who told us the managers were: "Open to comment" and if they had need to complain they were: "Confident that complaints would be dealt with."

When we spoke to people who used the service and relatives of service users we were told that they felt confident to approach staff or the management with any issues or concerns.

We saw that Cherish U Limited had a complaints policy and we spoke to the manager about how this was used. The manager told us that any comments or complaints were acknowledged, recorded and actioned no matter how small. Records of any comments, complaints or compliments were held electronically within the individual service users file.

The managers during the visit set up a compliment and complaints file in which they had placed all the cards of thanks they had received including those from their staff. There was only one complaint/comment made and it was clear that this was properly considered in line with their policy. This low level of complaint was representative of both people who used the services satisfaction with the service and the manner in which issues were dealt with before they escalated.

**People's personal records, including medical records, should be accurate and kept safe and confidential**

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## Our judgement

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The provider was not meeting this standard.

Not all records were kept securely so people could be at risk of their data not being adequately protected.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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## Reasons for our judgement

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People we talked with did not comment on the management of their records, however, people were aware that information about their care was kept and maintained by the service.

When we visited we noted that there were lists on the wall which contained some confidential information. Outside of the office hours the room was used for another purpose. The registered manager told us that this information would be removed and locked in their secure cabinets. During the course of the inspection we noted that this had been completed.

We saw in Cherish U Limited office's that the doors into the office were not lockable to enable either privacy or for security. The manager told us that everything was 'locked away in metal cabinets' outside of their operational hours 7am to 11pm and was held securely. We saw that files could be located promptly. However, we saw that some archived records were stored in a cabinet/cupboard which was not lockable and therefore these records were not held securely. The manager told us they would secure the cupboard with an appropriate locking system which they would source. The manager demonstrated their awareness that they must ensure that the records which may be in paper or electronic form were kept securely and could be located promptly when required.

We saw that the appropriate records were available for the people employed by the home.

We saw that within the agency's referral communication book that information about different people was written on the same pages of record books. This meant that confidentiality could be compromised whenever information for only one person was required. This also made storing the information in individual and confidential files difficult to achieve.

The manager told us that they had individual passwords to their electronic records and that these were all password protected.

This section is primarily information for the provider

## ✕ Action we have told the provider to take

### Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Personal care	<b>Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Requirements relating to workers</b>
	<b>How the regulation was not being met:</b> Not all staff had appropriate supervision in place following their ISA First Check whilst awaiting the outcome of their Criminal Record Bureau checks. Regulation 21.
Regulated activity	Regulation
Personal care	<b>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Records</b>
	<b>How the regulation was not being met:</b> Not all records were kept securely so people could be at risk of their data not being adequately protected.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 11 January 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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