

Cherish Home Care Ltd

Cherish Home Care Limited

Inspection report

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27 March 2019

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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

About the service: Cherish Home Care Limited is a domiciliary care agency. This service provides care and support to people living in their own homes individually located within the community. People may have a range of needs; from old age to a disability, impairment or mental health. The service supported 140 people when we inspected.

People's experience of using this service: People continued to receive a good service. They were safe from harm. Safeguarding systems and appropriately trained staff supported this. People's risks were safely managed. Sufficient numbers of staff were employed so that people's needs were met. People were safely supported with their medicines and keeping their homes clean.

Staff were trained, skilled and well supported by the management team. People had good relationships with the staff who protected their rights to lead as normal a life as possible. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Everyone we spoke with told us staff were kind and caring. People were respected, staff championed their privacy and dignity and encouraged their independence in all aspects of life.

Staff were motivated to provide person-centred care based on people's choices and preferences. They were dedicated and praised for this by health and social care professionals. People were supported to do the things they wanted to. Any dissatisfaction in receiving the service was addressed and resolved.

People had the benefit of a service that was positive, inclusive and forward-looking. There was a registered manager and a management team who maintained checks on how well the service was provided. Documents held in the office were secure to ensure confidentiality of people's information.

The service continued to meet the characteristics of good in all areas.

For more details, please see the full report which is on the Care Quality Commission website at www.cqc.org.uk

Rating at last inspection: Good. (The last report was published 11 May 2016.)

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Cherish Home Care Limited

Detailed findings

Background to this inspection

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

Inspection team: One inspector carried out this inspection.

Service and service type: The service is a 'domiciliary care agency' providing care to people living in their own homes in the community. Adults, those living with dementia, a learning disability, autistic spectrum disorder, a mental health need or sensory impairment, use the service. Not everyone using Cherish Home Care Limited received regulated activity. 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 consider any wider social care provided.

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave the service 24 hours' notice of the inspection because we wanted to make sure someone would be at the service's office to see us.

Inspection site visit activity started on 19 March 2019 when we visited the office location to see the office staff and review care records, policies and procedures. We spoke with people that used the service, their relatives and staff on 27 March 2019. The inspection ended when we spoke with the registered manager on 2 April 2019.

What we did: Before the inspection, information had been gathered from notifications sent to us. Notifications are used to inform us about certain changes, events or incidents that occur. We received feedback from local authorities that contracted services with Cherish Home Care Limited and reviewed other information from people who made their views known to us. The provider sent us a provider information return. Providers are required to send us key information about their service, what they do well

and improvements they plan to make. This information helps support our inspections.

During the inspection we spoke with four people, four relatives, four office staff and three care staff. We looked at care files belonging to six people who used the service and recruitment files and training records for three staff. We viewed records and documentation relating to the running and monitoring of the service.

At the end of the inspection we spoke with the registered manager on their return from leave, when we discussed good practice, registration requirements, quality assurance and complaints. We requested further documents, which the registered manager sent to the CQC.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- Systems in place safely managed safeguarding incidents and staff were trained in safeguarding people from abuse. This was confirmed by conversations with staff and records seen.
- Staff demonstrated knowledge of their safeguarding responsibilities. Office staff were competent in handling safeguarding incidents and referring them to the local authority safeguarding team.
- Notifications were sent to us of events and incidents the provider was legally required to send.

Assessing risk, safety monitoring and management.

- Risk assessments reduced people's risk of harm. Staff monitored people's safety and reported any concerns to the office staff to act on. They amended risk assessments and practice as necessary.
- Accidents and incidents were monitored and analysed for trends to reduce their reoccurrence.

Staffing and recruitment.

- The provider operated a safe recruitment system and made sure security checks were completed before staff worked with people.
- Staffing numbers were sufficient to meet people's needs. Relatives said they liked that staff were well matched to their family members and staff continuity was maintained with visits. We found that staff turnover was low for what might be expected of a service this size.
- Rotas were well managed by office staff who used a computerised system.

Using medicines safely.

- The provider operated safe systems for managing medicines, where staff assisted people to take them when required. Staff documented when this was done.
- Recent improvements in practice had been made with recording the medicines people took. The names of drugs were now added to the medication records that staff signed.
- Staff confirmed their responsibilities for handling medicines and told us they were confident their training and experience enabled them to manage medicines safely.

Preventing and controlling infection.

- People were protected from the risks of harm by staff operating good infection control and prevention practices and following good food hygiene guidelines.
- People confirmed they received the safe support they needed with personal hygiene and handling food.

Learning lessons when things go wrong.

- The provider encouraged staff to learn lessons from any events or incidents that resulted in poor

outcomes for people, to make sure they did not reoccur. While such outcomes were few the approach from the whole staff team was one of unity.

- Records were maintained of any errors that had occurred as well as ways to prevent their reoccurrence. Conversations with staff and viewing the records held confirmed lessons were learnt to avoid further errors.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- People had a comprehensive assessment of their needs carried out.
- People's rights were respected and their diverse needs were supported in a way that made sure they were not discriminated against.
- People's environment was assessed and reviewed where necessary to ensure it was suitable.

Staff support: induction, training, skills and experience.

- Staff completed an induction and received supervision and an annual check of their performance.
- People were supported by staff that had completed relevant training and qualifications to carry out their roles.
- Staff confirmed the training they completed in conversations with us. Documents we saw provided further evidence that training and supervision was monitored, reviewed and recorded.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support.

- People were supported with food planning and preparation and making healthy choices with their nutritional needs. They told us they decided on their own meal arrangements. Where anyone had specific dietary needs, these were well supported.
- Services of healthcare professionals were accessed as required and staff maintained good working relationships with healthcare professionals for the benefit of people they supported.
- Staff supported people to maintain healthy lifestyles of their choosing.

Staff working with other agencies to provide consistent, effective, timely care.

- Staff worked well with other agencies, health care professionals and social service officers.
- This was confirmed by the local authority contracting team who told us, "Recent dealings with Cherish have shown them to be pro-active in meeting the needs of service users. They have sought advice in contacting social work staff when dealing with people with deteriorating health on best courses of action."

Adapting service, design, decoration to meet people's needs.

- People's homes were designed and decorated entirely of their own decision. Support services were delivered with consideration of people and staff safety. Therefore, any risks to a person or staff were assessed and removed.

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 take 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 with appropriate legal authority. For care agencies these deprivations are called Court of Protection orders. We checked whether the service was working within the principles of the MCA.

- People were only restricted with their liberty to make sure they were safe, following 'best interest' decisions made by a multi-disciplinary team of professionals. These situations rarely occurred and no one was the subject of a court order at the time of the inspection.
- The provider and staff had good knowledge of the Mental Capacity Act and challenged other professionals when it was in the 'best interest' of people who used the service.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity.

- People received the care and support they needed from caring staff. People said, "Staff are lovely" and "I get on really well with the staff, as they are very caring." Relatives said, "The staff call her 'mum' and are so caring" and "Staff are matched to people so they get on together."
- Staff confirmed the approach they use with people and explained they cared for people how they would wish to be cared for themselves.
- Staff demonstrated good understanding of people's diverse needs and stated people and staff were respected and valued whatever their race, religion, disability or gender.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence.

- People told us they led the way in how they wanted their care and support delivered. They made choices about personal care, any domestic needs and what they wanted to eat and when.
- People told us they expressed their likes or dislikes for personal support, foods and conversation and staff respected these. Support plans contained clear information on how care was to be delivered.
- People told us their privacy and dignity was respected and they received support, especially personal care, in the privacy of their bedroom or bathroom. Independence was fully encouraged. People said, "Staff are polite and pleasant" and "Being a modest person, I've learned to swallow my pride a little, but staff always respect my dignity."
- People's relatives confirmed people were encouraged to be as independent as possible and their privacy and dignity were maintained. They said, "My family member has many needs, but staff take it in their stride and encourage them to do what they can for themselves" and "I cannot fault the staff, as they are so caring and respectful."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Staff had the skills to meet, as well as an understanding of, people's social and cultural needs, diverse values and beliefs. All care was delivered in a way that was anti-discriminatory. All staff were treated with equality and this was confirmed by those we spoke with.
- People's support needs were well documented. Support plans were devised with input from people and relatives and based on people's lives, skills, abilities and how they or their relatives preferred to manage their health.
- The registered manager followed the requirements of the Accessible Information Standard to give people and their relatives information they needed in a format they required.

Improving care quality in response to complaints or concerns.

- People and relatives knew how to make complaints. They told us they were listened to, but had little cause for complaint over the years.
- The provider had only received three complaints in the last two and a half years, which were about call times. These were quickly resolved.
- The local authority contracting team said, "We currently fund many packages of care with them, but are not aware of any concerns."

End of life care and support.

- We were told there had been very few incidents of people coming to the end of their life while receiving a service from Cherish Home Care Limited. Information we received showed people would be sensitively supported and provided with the equipment, medical intervention and medication they needed for a peaceful death.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- The provider and staff provided high quality, person-centred care through the culture they created among the workforce. It was positive, open, transparent and progressive.
- Staff were signed up to the visions and values of the service for the benefit of people that used it.
- People and their relatives told us they were involved in discussions about their care and experienced good communication with staff. Everyone understood each other's expectations for sharing information.
- There were satisfaction surveys for people to complete and these had been analysed each year to show levels of satisfaction. Results for 2018 showed responses were positive in more than 90% of cases and where shortfalls were identified, an action plan was set up to address them.
- The provider operated a staff reward scheme and showed appreciation of staff commitment with an annual celebration.
- The provider held internal management meetings to discuss operational matters and staff meetings to share their agreed vision and intentions for future care delivery.
- The provider completed 'train the trainer' instruction in various areas of care and support to deliver training to support staff quickly and easily.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- Staff were clear about their roles. They received this information on induction and throughout training sessions. New staff were introduced to people who used the service while shadowing other staff members.
- Various quality checks were made on service delivery: using telephone calls, spot checks, audits and surveys.
- The provider was aware of their registration requirements. They had informed appropriate agencies and organisations of events that happened at the service or to people while being supported by staff.

Continuous learning and improving care.

- The service's internal quality audit tools helped the provider rate the service's performance and look to planning ways of improving future delivery.
- Internal quality audits showed the service consistently achieved its targets. An action plan was produced to address any shortfalls.
- Staff learned from experience and shared their learning in meetings. They were signed up to reflecting on

their performance and improving it where possible.

Working in partnership with others.

- The provider and staff worked well with other health and social care professionals. They attended the care forum meetings run by the local authority.
- The local authority contracted with the service and purchased many care packages. They were satisfied with the relationship they held with Cherish Home Care Limited.
- Community relationships were fostered using a day care facility attached to the office and run by Cherish Home Care Limited. People who used the day care facility were regularly met by office and support staff.