

Cherish Able Care 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 ●

Summary of findings

Overall summary

About the service

Cherish Able Care is a domiciliary care agency that provides personal care and support to people living in their own homes. At the time of our inspection, 43 people were using the service. Twelve people who used the service did not receive any personal care from this domiciliary care agency. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service

The feedback we received from people was good. Staff we spoke with enjoyed working for the service and supporting people in the community. People and staff were happy to contribute to the inspection and share their views and experiences.

The service was safe and risks to people were managed well. Staff knew how to protect people from harm and had received safeguarding training. There were enough staff employed to help keep people safe and to meet their needs. We found that recruitment practices were safe and relevant checks were completed before staff started work at the service. There were systems in place to ensure medicines were managed safely. Staff followed the providers infection control policy and procedure to limit the risks of cross infection.

The service was effective in meeting people's needs. Staff received regular supervision and support. The annual training programme equipped staff with essential skills and knowledge. Arrangements were made for people to see a GP and other healthcare professionals when they needed to do so. People were supported to have maximum choice and control of the support they required.

The service was caring and people were treated with kindness and respect. Staff were caring and spoke about people positively. They took an interest in the people they supported, including their life histories, the things they liked and didn't like and the people who were important to them. Independence was always encouraged and supported.

A responsive service was provided to meet people's health and social needs. They received person-centred care and support. Regular monitoring and reviews meant that referrals had been made to appropriate health and social care professionals. Where necessary care and support had been changed to accurately reflect people's needs and improve their health and wellbeing. The service supported people who wanted to die at home with the support of other community health professionals. People were encouraged to make their views known and the service responded by making changes.

The service was well led. People received a good standard of care because the management team led by example and had expectations about the standards of care people should receive. Staff were enthusiastic and happy in their work. They felt supported within their roles. Staff described working together as a team, they provided person-centred care and helped people to achieve their potential. Systems were in place to

monitor the quality and safety of the service and the care people received.

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

Rating at the last inspection

The last rating for this service was Good (published 23 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If we receive any concerning information 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 well-Led findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our well-Led findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our well-Led findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our well-Led findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Cherish Able Care Ltd

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. 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. The registered manager was the provider. For the purpose of the report we have referred to them as the registered manager.

Notice of inspection

We gave the service 48 hours' notice of the inspection visit because we needed to be sure the office-based managers would be available for us to speak with during our inspection. This two-day inspection started on 23 October and ended on 28 October 2019.

What we did before the inspection

Before the inspection we reviewed information we had received about the service since the last inspection. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events, which the service is required to send us by law. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used this information to plan our inspection.

During the inspection

The registered manager was not available at the time of the inspection so this was facilitated by the care manager. This was conducted at the branch office on the first day of the inspection.

We looked at five people's care records, together with other records relating to care and the running of the service. On the second day of our inspection we spoke with four people who used the service, a relative and five staff members.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt the staff provided care and support that protected them and that they were in good hands. Comments included, "I always feel safe with them and how they care for me", "I totally feel safe when I am with them," and, "I like how they make me feel safe for the rest of the night, they go around and check all my doors before they leave for the evening".
- Staff told us the training they received equipped them with knowledge and skills to understand how to protect people from harm.
- Staff understood the processes to follow to safeguard people in their care. Everyone recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse, had occurred. Agencies they notified included the local authority, CQC and the police.

Assessing risk, safety monitoring and management

- Staff managed risks relating to people's health and well-being. These included risks associated with weight loss, moving and handling, going out in the community and maintaining skin integrity.
- There were people that required two staff to support them to ensure they were transferred and provided with personal care safely. Staff and people who used the service confirmed this was managed safely and that their care was always received by two staff as detailed in their risk assessment.
- Some people required equipment to keep them safe. This was risk assessed and staff received training on how to use the equipment to reduce risks to people. Specialist equipment included pressure relieving mattresses, nursing beds, mobile hoists and equipment to help people shower and bathe safely.

Staffing and recruitment

- People confirmed staff were generally on time and they were contacted if there were any delays. They told us, "One has to consider holdups, but it happens very rarely, it's important to give them plenty of travel time", "My lady has only been late once in two years" and "My lady is very good and will call me to let me know if they are running late".
- Staff were deployed effectively to meet people's care and support needs. They confirmed they were allocated travel time, but there were occasions when they were late, for example in an emergency or traffic congestion. Staff rotas were well managed, this helped ensure consistency of staff to people and continuity of care. People told us, "We always have the same staff, we don't want this to change, they know us well", "Sometimes my carer will change because of holidays and sickness but I know all the staff and they are all good," and, "I have the same girls, the office do all they can to make this happen".
- The provider followed safe recruitment procedures. Disclosure and Barring Service (DBS) checks had been carried out for all staff to check whether they were suitable to support vulnerable people.

Using medicines safely

- Policies, procedures, records and practices for medicines were managed safely. There had been no significant errors involving medicines in the last 12 months.
- Monthly audits were completed to ensure best practice was being followed.
- Staff completed safe medicine administration training before they could support people with their medicines. Practical competency reviews were completed with all staff.

Preventing and controlling infection

- People were protected by staff who followed good infection control practices. They were provided with PPE (personal protective equipment) such as gloves, hand gel and aprons.
- Staff had received training on infection control and understood their role in preventing the spread of infection.
- Spot checks were conducted to ensure staff were adhering to the services policy. Long nails, nail varnish and unsuitable jewellery were not allowed. This was not only because they could cause injury to people but because long nails and items of jewellery could harbour germs.

Learning lessons when things go wrong

- Staff understood their responsibilities for reporting accidents, incidents or concerns. Written accident and incident documentation detailed leading up to events, what had happened and, what action had been taken.
- Monthly audits of incidents were completed and would help identify any action that could be taken to help prevent recurrence.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant 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

- Assessments were completed for those who were considering using the service. The information supported the registered manager and prospective client to decide whether the service was suitable, and their needs could be met.
- Care and support was reviewed and evaluated so that people received support that was responsive, and person centred.

Staff support: induction, training, skills and experience

- People told us they felt supported by staff who were trained and knew what they were doing. Comments included, "Oh yes they certainly know what they are doing", "I know they have training and they are all very good," and, "Yes they have the skills and they really care".
- Staff confirmed their induction and subsequent training was effective. New staff worked with senior staff to assist with continued training throughout the induction process. Staff told us, "The training is good and interactive", "I enjoy the training sessions, we have open discussions and it is fun, it's a much better way of learning", and, "The induction has been good, probably one of the best I have had".
- Training and development opportunities were tailored to individual staff requirements. Staff told us they felt encouraged and supported to increase their skills and gain vocational qualifications. In addition to mandatory courses, staff accessed additional topics to help enhance the care people received for example, dementia awareness, colostomy care, epilepsy awareness, end of life and person-centred care.
- The service had a small, steadfast group of staff. They felt supported by the registered manager, care manager and other colleagues. One to one supervision was provided for staff. These supported staff to discuss what was going well and where things could improve, they discussed individuals they cared for and any professional development and training they would like to explore.

Supporting people to eat and drink enough to maintain a balanced diet

- People were provided with support to eat and drink where this had been identified as a care and support need during the assessment process.
- Staff reported any concerns they had about a person's food and drink intake to the registered manager or care manager and subsequent referrals were made to the GP for guidance.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff were available to support people to access healthcare appointments if needed and, they liaised with health and social care professionals involved in their care if their health or support needs changed.

- People's changing needs were responded to quickly and appropriately. Staff recognised when people were unwell and reported any concerns to a person in charge or directly with relevant health or social care professionals. We heard examples where continuous daily evaluation helped identify deterioration in people's health, where needs had changed and intervention was required. This included things such as treatment for infections, review of medicines and assessment for equipment in their homes. We saw a relative had written to the care manager and stated, "Please pass on my thanks to the carer who called an ambulance for mum. Due to her quick thinking they managed to treat her quickly and prevent it from turning to pneumonia".
- People's care records included evidence that they had been supported to access district nurses, occupational therapists, dieticians and other health and social care professionals based on their individual needs.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff understood the principles of the MCA, how to implement this and how to support best interest decision making.
- Staff respected people's choice, preferences and asked for their consent when offering support. People told us, "They would never do anything without asking permission", "They always ask us if everything is ok," and, "When they visit my carer always asks and checks what help I would like".

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were provided with support from a caring service. We received compliments from people and they told us they had formed good relationships with the staff. Comments included, "I look forward to my visits, I enjoy their company and we share news", "They take an interest in me and really care," and, "They are all very caring, we cannot fault them, I can't speak highly enough about them". One person recently wrote to the registered manager and stated, "One person stands out as an exceptional carer, her big smile and cheerful attitude are a breath of fresh air".
- People were introduced to the staff who would be supporting them. Continuity of staff for individuals was an important asset to ensure consistency wherever possible. People appreciated the efforts of the registered manager when co-ordinating this. People received care, as much as possible, from the same familiar staff. This helped in circumstances where staff required time off. People told us this system worked well.
- Thought and care was invested when matching people to staff and this had a positive impact for people. One relative told us this had been instrumental in her husband feeling comfortable when receiving intimate personal care. It was evident the management team had worked together with people and their families to build up relationships based on trust and confidence.
- Staff were positive and enthusiastic about the service they provided to individuals. They told us they enjoyed their work and they were proud. They shared various experiences where they felt they had sincerely helped people and made a difference. One staff member told us, "One lady can be in a low mood, and I try my best to make her laugh. She loves it when I dance and sing. She wouldn't eat one day, so I treated her to fish and chips, now we have this most weeks. I feel I have made a difference for her".

Supporting people to express their views and be involved in making decisions about their care

- People told us they were involved in making decisions about how they wanted to be supported.
- Care plans showed that they were involved and had consented to the decisions made about their care.
- Follow up telephone calls were made to people to help ensure the support they received remained meaningful and effective.

Respecting and promoting people's privacy, dignity and independence

- Staff were privileged guests in people's homes. People told us staff were respectful and kind. Comments included, "Oh yes they are very respectful when they are in my home", "They are all very polite and courteous," and, "I always feel respected by them".
- People were encouraged to be as independent as possible. There were some good examples shared by staff where they had provided support, encouragement and exercise to improve movement and mobility.

Some people who had previously required hoists to transfer were now supporting themselves with minimum physical support from staff and no equipment. One person told us, "I can do quite a lot for myself, I struggle with my feet and legs and its most helpful the girls support me with that".

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The approach to care was person centred. People were fully involved in deciding how they wanted to be supported. People had taken the time to provide and share specific details about preferred routines and what level of assistance they required. Written information could improve to further reflect the person-centred care people confirmed they were receiving.
- Staff told us there were communication systems in place to help promote effective discussions, so that they were aware of people's needs and any changes for people in their care. This included handovers, daily records, phone calls and messages via the services own electronic systems.
- Support pathways were developed with individuals and relevant professionals to support phased progression. The registered manager and staff recognised individual capabilities and worked on strengthening these.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was shared with people in formats which met their communication needs in line with the Accessible Information Standard.
- Communication requirements were discussed during the initial assessment when people started using the service and this was reviewed and monitored.
- Any care documentation, complaints and contracts could be adapted into, braille, larger print or to include pictures when this was needed.
- The service provided a text message service to family members if they required updates and were unable to speak on the phone. Secure emails were also popular with people and their families.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place, which was provided to people who used the service.
- People had formed good relationships with staff and they felt confident to express their views. Small things that had worried people or made them unhappy were documented in the daily records. This information was also shared with staff in handovers. People we spoke with told us they were listened to and had never had to make a formal complaint.

End of life care and support

- People and their families were supported when they required end of life care, with the support of GP, district nurses and palliative care nurses.
- Staff felt privileged to care for people when they were dying. They took pride in making sure they respected choices, supported relatives and maintained people's dignity. One staff member told us about how they had recently supported a person and their family. They said, "I was there by his side holding his hand, putting his family at ease by remaining calm. He turned to me and smiled".
- We read some lovely comments from relatives thanking staff for their care and support. People stated, "Without your daily input mum's life would have been much less comfortable and she would not have been able to stay in her flat for so long," "We are truly grateful and couldn't have asked for better care," and, "Every one of you brought compassion and kindness to dad and you cared for him brilliantly". No one was receiving end of life care at the time of our inspection.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Systems in place contributed to the smooth, effective operation of the service whilst still retaining its personalisation.
- The ethos of a person-centred approach to care and treating people as individuals was consistent amongst all staff.
- The registered manager and care manager led by example and were 'caring, kind and respected'. Comments about how the service was managed included, "The registered manager is a nice person, very approachable and helpful", "The care manager leads by example, he knows our clients well and genuinely cares about them", "I have been impressed since I joined, I have felt very well supported by both managers," and, "They are all great and understand the challenges working in the community".
- There was an emphasis on teamwork amongst all staff. Staff were 'positive and proud' about what they had achieved as a team to ensure the quality and safety of people was promoted and maintained.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and care manager understood their responsibilities about informing people and families, the Care Quality Commission and other agencies when incidents occurred within the service.
- They were open, honest and transparent when lessons could be learned and improvements in service provision could be improved.
- The service's last CQC inspection report and rating were easy to access on the provider's website and a paper copy of the report was clearly displayed in their office. The display of the rating is a legal requirement to inform people, those seeking information about the service and visitors, of our judgments.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Quality assurance systems were in place to drive improvements within the service. The service had a programme of audits and quality checks.
- Concerns, incidents, accidents and notifications were reviewed. This was to analyse and identify trends and risks to prevent recurrences and improve quality.
- The registered manager had considered the Key Lines of Enquiry (KLOE) which CQC inspect against. This enabled them to plan for improvements and further enhance the current good practice they were achieving. Policy and procedures were reviewed to assess if they remained effective and up to date with current best

practice and guidance.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service sought the views of everyone using the service by way of annual surveys and monthly telephone calls to people. We read positive comments received from the most recent surveys. These included, "I couldn't criticise the service at all, I am extremely happy", "I am very happy, I have a wonderful lady who is marvellous", "One girl is excellent and uses her initiative", "Continuity makes mum very happy", and, "It's very good, everybody is very caring, I think you provide a very good service".
- Other methods of service user involvement and engagement included unannounced spot check visits to observe staff practice and performance and review and evaluation meetings with people.
- Staff meetings took place and we were told these were enjoyed, by sharing ideas, news and any concerns. The records of the minutes could improve to reflect how good and useful they were.

Working in partnership with others

- The service ensured they had effective working relationships with outside agencies such as the local authorities, district nursing teams, GP practices, the safeguarding and DoLS teams and CQC.