Cherish Homecare Services Limited

Cherish Homecare Services

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

This inspection took place on 21 and 24 April 2017 and was announced. The provider was given 48 hours' notice of the inspection because they provides domiciliary care and we needed to be sure someone would be in the office to facilitate the inspection. This was the first inspection undertaken at the service since registering with the Care Quality Commission.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service had appropriate systems and procedures in place which sought to protect people who used the service from abuse. The service had a safeguarding and whistleblowing policy in place and this told staff what action to take if they had any concerns.

We found the care and support records of people who used the service were comprehensive, well organised and easy to follow and included a range of risk assessments to keep people safe from harm.

We found there were robust recruitment procedures in place and required checks were undertaken before staff began to work for the service.

We looked at how the service managed people's medicines and found that suitable arrangements were in place to ensure that people who used the service were safe. We looked at the medicines administration record (MAR) charts for people when we visited them in their own homes and found that these had all been completed correctly and were up to date.

There was an appropriate up to date accident and incident policy and procedure in place.

People who used the service told us they felt that staff had the right skills and training to do their job. New staff were given an employee handbook at the start of their employment which identified the principles and values underpinning the service.

Staff were given a copy of the organisation's policies and procedures which were available electronically or in paper format and staff knowledge of these policies and procedures was tested out at supervision meetings and as part of the process of induction.

Staff told us they felt they had received sufficient training to undertake their role competently. Records showed staff had completed training in a range of areas, including dementia, safeguarding, first aid, medicines, the Mental Capacity Act 2005, infection control and health and safety.

Staff received supervision and appraisal from their manager and a record was maintained of all staff supervisions that had taken place.

Before any care and support was given consent was obtained from the person who used the service or their representative.

People who used the service and their relatives told us that staff were kind and treated them with dignity and respect.

Support planning documentation e enabled staff to capture information to ensure people from different cultural groups received the appropriate help and support they needed to lead fulfilling lives and meet their individual and cultural needs.

People who used the service had a care plan that was personal to them with copies held at both the person's own home and in the office premises. The structure of the care plan was clear and information was easy to access. Regular reviews of care needs were undertaken by the manager of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People we spoke with told us they felt safe using the service.

Each person's care file contained a variety of risk assessments and suitable arrangements were in place to ensure the safe management of medicines.

There were robust recruitment procedures in place and required checks were undertaken before staff began to work for the service.

Is the service effective?

Good

The service was effective.

There was a staff induction programme in place, which staff were expected to complete when they first began working for the service.

Staff received supervision and appraisal from their manager.

Is the service caring?

Good

The service was very caring.

Care plans were in place identifying people's care and support needs. Staff were knowledgeable about the people they supported in order to provide a personalised service.

People who used the service and their relatives felt that staff and the manager were approachable and very caring.

Is the service responsive?

Good

The service was responsive.

Care plans were in place identifying people's care and support needs. Staff were knowledgeable about the people they supported in order to provide a personalised service.

People who used the service and their relatives felt that there were regular opportunities to provide feedback about the quality of the service.

There was a complaint policy in place and people who used the service and their relatives knew how to use it.

Is the service well-led?

Good

The service was well-led.

The staff we spoke with told us they enjoyed working at the service and felt valued, were able to put their views across to the management, and felt they were listened to.

The service had policies and procedures in place to monitor the quality of service delivery and had appropriate auditing systems and processes.

Cherish Homecare Services

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 was planned to check 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.

At the time of our inspection 12 people were using the service, which employed five members of care staff and at the date of the inspection delivered 147 hours of care per week.

The inspection team consisted of one adult social care inspector from the Care Quality Commission. Before the inspection visit we reviewed the information we held about the service, including information we had received since the service registered with the Commission. We did not ask the service to complete the Provider Information Return (PIR), prior to the date of the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the care records of five people who used the service and records relating to the management of the service. We looked at five staff personnel files, policies and procedures and quality assurance systems.

During our inspection we went to the provider's head office and spoke with the registered manager, the office manager and three care staff members. We visited three people in their own homes and spoke with two relatives of people who used the service as part of the inspection; this was in order to seek feedback about the quality of service being provided.

Good

Is the service safe?

Our findings

Without exception, people we spoke with who used the service and their relatives told us they felt safe using the service. One person said, "I have never had anything that I've been worried about and I feel totally safe with this service." A second person told us, "I've always felt safe at all times with Cherish; staff turn up on time, always wear their uniform and identity badge and are diligent and friendly." A relative commented, "I can't fault them [the service] at all; there's no rush with this agency and they stay as long as is needed."

The service had appropriate systems and procedures in place which sought to protect people who used the service from abuse. The service maintained a safeguarding policy and associated procedures which were up to date. Staff we spoke with demonstrated a good understanding of local safeguarding procedures and how to raise a concern. All care staff had undertaken safeguarding training as part of the induction process and continued development.

We asked one member of staff what they would do if they suspected signs of abuse against people who used the service and they stated "Safeguarding is about protecting people who use services and staff as well. Types of abuse could be; psychological, physical like bruises, financial or neglect. I've done safeguarding training and would report any concerns to my manager or office manager. If they weren't available, I would go to the local authority."

The service had a whistleblowing policy in place and this told staff what action to take if they had any concerns. Staff we spoke with confirmed they were aware of the policy, one staff member told us, "Although I've never had to raise any issues with Cherish, whistleblowing is a process for if you have any concerns that you feel you need to raise about the service and you can contact the local authority or care quality commission."

Each person's care file contained a variety of risk assessments. There was an 'internal risk assessment' which included the physical environment in the person's own home that helped to identify any hazards to the person themselves and the staff member providing support. Care files also contained risk assessments including those for falls, bathing, showering, nutrition and medication (where applicable). We found these risk assessments were reviewed as required in response to changing needs of the person who used the service. Assessments identified various risks and the action required to minimise the risk, for example a manual handling risk assessment covered bed manoeuvers, transferring, standing, bathing, general movements and using the toilet.

We found there were robust recruitment procedures in place and required checks were undertaken before staff began to work for the service. Personal details had been verified and at least two references had been obtained from previous employers, although most staff files contained three references. Criminal Records Bureau (CRB) checks or Disclosure and Barring (DBS) applications had been obtained. A DBS check helps a service to ensure the applicant's suitability to work with vulnerable people. There was also evidence of identity and address checks. In addition the values and beliefs of any new job applicant were tested out as part of the interview process and it was clear from discussions with the manager that no person had been

recruited who did not share the same values as the organisation or demonstrate that they genuinely cared about the role they had applied for and for people who used the service. This showed us that staff had been recruited safely and consideration had been given to their suitability to the role.

We looked at how the service managed people's medicines and found that suitable arrangements were in place to ensure that people who used the service were safe. There was an appropriate and up to date medicines administration policy in use. We found that the service did not routinely or directly supervise the administration of medicines, which was in most cases the responsibility of the person receiving the service or their relative. However, we looked at the medicines administration record (MAR) charts for people when we visited them in their own homes and found that these had all been completed correctly and were up to date.

The service did not administer any controlled medicines. We found that the service regularly undertook competency checks of staff who administered medication or who prompted people to take their medicines independently and this was verified by the staff we spoke with. All staff administering medication had received training, which we verified by looking at training records. A relative of a person who used the service told us, "[My relative] always receives their medicines correctly and I've no worries here." A person who used the service and self-medicated said, "Staff always ask if I have taken my medicines when they come."

We looked at how the service ensured there were sufficient numbers of staff to meet people's needs and keep them safe in their own home. We found people were receiving care from a small group of care staff who were deployed consistently in a way that ensured familiarity with the person receiving support and contributed to the building of good relationships and safe working practices. The manager also carried out regular care visits as part of the established rota. This was because the service was very small and also because it allowed the manager to have constant contact with people who used the service in order to ensure care was being delivered safely. People we spoke with told us they valued seeing the manager on a regular basis. During the course of the inspection a new staff member was recruited to fill an existing vacancy.

In addition, each person's dependency was assessed using a dependency tool which included areas such as communication, breathing, bathing/washing/dressing, eating and drinking, continence, pressure care, moving and handling, mood, pain and sleep. It was clear from the conversations we had, that the manager and office manager had a detailed in-depth knowledge of each person using the service without the need to refer to care records.

We looked at how the service managed accidents and incidents. There was an appropriate up to date accident/incident policy and procedure in place. We found since registering with the Commission, no accidents or incidents had occurred at the service.

Cherish Homecare is a domiciliary service providing care to people in their own homes and we saw that adequate supplies of personal protective equipment (PPE) were available in a locked storage box in the home of each person being supported, including gloves and aprons. This would assist with minimising the potential spread of infections. People told us that staff always wore PPE when supporting them.

The head office was situated in a building that was managed by a building management company who were responsible for premises safety and for taking remedial action in the event of loss of utilities supply. We saw that appropriate fire evacuation processes were in place. In the event of the need to vacate the premises people's care records were available via secure lap-top access.

Good

Is the service effective?

Our findings

People who used the service told us they felt staff had the right skills and training to do their job. A person who used the service told us, "I can't fault this service; the girls have been brilliant and the manager is fabulous and visits me regularly. Staff always turn up on time, they have never been late and I feel they are very competent and always know what they are doing." A second person said, "This is a small agency and so it's very good. The manager visited me at the beginning to do an assessment which I thought was very good; all the staff are lovely, they are competent and know what they are doing." A third person told us, "They all know what they are doing; they come in two's and are always competent."

We found there was a staff induction programme in place, which staff were expected to complete when they first began working for the service and were given a handbook which helped to track there progress against the required competencies. The induction covered areas such as safety and security, service user rights, organisation rules policies and procedures, choice, personal care, assisting with meals, care planning, medication, infection control, safeguarding, moving and handling, protection of vulnerable adults, food hygiene, mental health and confidentiality.

We spoke with two care staff who confirmed the induction process they had undertaken.
Comments included, "I did an induction at the start and this included training like safeguarding, manual handing, health and safety and medicines; there were lots of question and answer sessions to test my competency and at the end I felt competent. I've also nearly finished my NVQ two in health and social care," and "I had an induction which was three days training in-house and I also did other training through an outside training provider and I've done things like medication, safeguarding, manual handling and health and safety. Induction also included shadowing a colleague which helped me to feel more confident about my role and I feel I get enough training for the job role," and "I had an induction period of about three to four weeks which included shadowing and I had a formal assessment at the end of this."

We saw staff were given a copy of the organisation's policies and procedures which were available electronically or in paper format and staff knowledge of these policies and procedures was tested out at supervision meetings and as part of the process of induction. This meant that staff were clear about the standards expected by the service and how the service expected them to carry out their role in providing safe care to people in their own homes.

Staff told us they felt they had received sufficient training to undertake their role competently. We reviewed staff training certificates, which showed they had completed training in a range of areas, including training in dementia, behaviours that challenge services, safeguarding, first aid, medicines, infection control and health and safety. All the staff we spoke with had also completed NVQ level two or three in health and social care or were in the process of completing this qualification. Training for new staff members was also linked to the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

Staff received supervision and appraisal from their manager in accordance with the frequency identified in

the supervision policy, and the service which kept a record of all staff supervisions that had previously taken place. These processes gave staff an opportunity to discuss their performance and identify any further training they required. We found that staff were actively encouraged by managers to share their views and opinions through the mechanism of supervision. Staff told us they received supervisions in accordance with the schedule identified in the supervision policy, in addition to an annual appraisal. One staff member said, "I get supervisions and I've just had my annual appraisal; these are really helpful because we can discuss any issues that are worrying us." A second staff member said, "As well as getting supervisions we also have informal meetings with the manager quite regularly and we might meet for a coffee somewhere, and the manager also comes out and works alongside me to check my practice."

We looked at the way the service managed consent for any care and support provided. Before any care and support was provided, the service obtained consent from the person who used the service or their representative. We were able to verify this by speaking to people who used the service, checking people's files and speaking to staff. We asked a member of staff how they would ensure a person had provided consent to care and they told us, "Consent is recorded in people's care files but it is important to always talk to people about what I'm doing and ask them if they are okay with this before I do it." A second staff member said, "I ask the person first before I do anything and I don't presume that I know what they want before I ask them. You can't push anyone to do anything they don't want to do and if I was concerned I would tell the manager."

Due to the small nature of the service which supported 12 people at the time of the inspection, a formal electronic staff call-monitoring system was not used; however detailed records were kept of each home visit for each person for each day. We saw that there had been no missed or late visits but some calls had been cancelled by the person who used the service for example if they had a hospital appointment or did not require the scheduled call to take place.

We found that all staff had completed training in the Mental Capacity Act 2005 either as part of the process of induction, via an external training company or as part of their NVQ qualification. This meant that the service had trained and prepared their staff in understanding the requirements of the Mental Capacity Act.

We looked at how the service supported people to maintain good health and to access healthcare services. We found that each person who used the service had a comprehensive health assessment which was easily accessible within their individual care and support plan. This gave clear information and appropriate guidance about people's individual health needs and how best to manage their on-going health issues, if this was part of the agreed care and support package. People who were assisted with meal preparation told us that staff always did this after asking them what they would like and always wore personal protective equipment (PPE) when preparing meals. One person said, "Staff always were a uniform and gloves and aprons when supporting me; they always stay the full length of time and are never rushed or anything."

We also saw that the service completed a holistic assessment of people's wider health needs which included mental and emotional health, family and social relationships, lifestyle and culture, and daily living skills.

Good

Is the service caring?

Our findings

People who used the service and their relatives told us that staff were kind and treated them with dignity and respect. One person told us, "Staff are always really happy and we have a laugh a lot of the time; they talk to me about everything they are doing and nothing is too much trouble for them." A second person told us, "The staff treat me as if I was their own grandparent; they can't do enough for me and I wouldn't change them for the world." A relative commented, "I couldn't ask for a better service for [my relative] and all the girls are fantastic; they're always on time with no missed or late calls, in fact you could set your watch by them. The manager came out to see us at the beginning and we haven't looked back since then. I'd recommend them to anyone."

During our inspection we looked to see how the service promoted equality, recognised diversity, and protected people's human rights. We found the service aimed to embed equality and human rights through well-developed person-centred care planning. Support planning documentation used by the service enabled staff to capture information to ensure people from different cultural groups received the appropriate help and support they needed to lead fulfilling lives and meet their individual and cultural needs.

Involvement of people who used the service was embedded into everyday practice. The views and opinions of people were actively sought and information was presented in a way that enabled people who used the service to fully participate and make informed changes. People who used the service and their relatives told us they were involved in developing their care and support plan. They were able to identify what support they required from the service and how this was to be carried out. A relative told us, "The manager tries to do the right thing and is always in contact; they visited at the beginning and we talked about [my relative's] needs and we've been fully involved since then." A second relative said, "I knew when the manager did the first assessment that everything was going to be okay because they were very professional and we've been fully involved in the care planning process."

People who used the service and their relatives told us that staff promoted their independence. One person said, "I used to have four visits a day and now I only need two visits because the staff have helped to promote my independence and I'm more independent now; they know what they are doing and are very competent." A second person told us, "Staff always promote my independence; they ask me how I am feeling and if I'm okay and how much I feel I can get involved for example in standing up myself; everything runs smoothly and they know what's needed."

It was clear from conversations between the manager and office manager that they had a detailed and in-depth knowledge of each person using the service, without the need to refer to care file information. During the inspection the manager received several calls from staff or people using the service and was able to provide immediate advice or information as necessary.

The service had a Service User's Handbook which was given to each person who used the service in addition to the Statement of Purpose, which is a document that includes a standard required set of information

about a service. These documents provided a wide range of information such as the care philosophy; principles and values that the service followed; the standards of care that people should expect; details of the registered manager; a description of the services and facilities provided; how to make a complaint and dignity and respect.

The service had a range of policies and procedures in place to cover all aspects of care provision. Staff also signed to confirm they had read policies and procedures and that they were aware of the provider's requirements in respect of data protection and confidentiality.

The service did not provide end of life care directly but, where applicable, could continue to provide a domiciliary service in support of other relevant professionals such as district nurses, who may be involved in supporting a person at this end stage of life. At the time of the inspection the service was not supporting anyone who was in receipt of end of life care.

Good

Is the service responsive?

Our findings

A person who used the service told us, "Staff do all they can to meet my needs and promote my independence and I have no complaints at all though I have the information and know how to make a complaint; if I had any worries I would ring the manager and I know they would listen to me." A second person said, "I have never made a complaint and never had a reason to do so; staff always ask me what I need and what [my relative] needs as well. Staff are cheerful in attitude and I can't fault them; they arranged for a physiotherapist to visit me and this is helping me." A relative told us, "All the staff are lovely and [my relative] gets on well with them. I can now get a full thirty minute break when they're here and they're always on time. I have a service user guide and statement of purpose and details of how to make a complaint but really I can't fault them; we've been very lucky getting this agency."

We looked at how new referrals to the service were assessed. The needs of people were assessed by the manager and experienced members of staff before being accepted into the service and thorough pre-admission assessments were completed to ensure the service could meet people's individual needs. This included gathering background information from a variety of sources including other health and social care professionals and from those individuals who were important in people's lives.

Before care and support was provided to any person the service completed a series of initial assessments which covered areas such as health, medicines, social history, mental health, preferred activities and interests, moving and handling, the home environment. We saw that prior to any new package of care being provided a pre-assessment was carried out with the person and their relative(s) which we verified by looking at care records.

People who used the service had a care plan that was personal to them with copies held at both the person's own home and in the office premises. This provided staff with guidance around how to meet their needs, and what kinds of tasks they needed to perform when providing care.

The structure of the care plans was clear and easy to access information. The care plans were comprehensive and person centred, and contained details regarding the person's background and life history, interests and social life, any existing support network, spiritual needs and recorded details of people who were involved in care planning such as family members and other relevant professionals.

Regular reviews of care needs were undertaken by the service. The manager also visited people in their own homes to deliver care and to identify their views and experiences which was confirmed by the people we spoke with.

There were systems in place to record what care had been provided during each call or visit. Care plans contained a document, which was completed by staff at each visit. This included information on when personal care had been provided, when medicines were given/prompted/checked or any food preparation. We checked these documents and found they were being filled correctly and with sufficient detail by staff and were signed and dated. One person told us, "The staff fill in the daily sheets every time they come and

always sign and date them." Another person said, "I cannot praise Cherish care enough, they have helped me in so many ways like help with hospital visits, help with my central heating and getting anew microwave the next day."

We looked at the compliments received and comments included, 'Dear [manager] how can I thank you enough for everything you have done for me since I joined Cherish, the most recent being arranging and taking me for a new scooter; I thank God for bringing you into my life – I really mean this, God bless you then for all your kindness to me,' and 'Dear [manager], many thanks for getting in touch with the nurses for me and for being so caring and helpful,' and 'To all at Cherish – just want to say how much we appreciated all the very good and special care you gave to [my relative], also coming to the funeral your support helped a lot and your floral heart was beautiful,' and 'Thanks for everything you did for my gran. You looked after her and ensured she was safe. She appreciated everything you did for her and made life so much easier for her.'

People's care and support plans recorded each person's preferences for the staff who supported them. This was matched with available staff members who were then introduced to the person prior to any service being delivered. This meant that the people who used the service were able to choose the member/s of staff who assisted them.

The service had a complaints policy and procedure in place and information on how to make a complaint was provided to each person who used the service. We noted that since the date of the last inspection the service had not received any form of complaints regarding any aspect of service provision, but had received a high number of compliments.

People who used the service and their relatives told us that should there be a need to complain they felt confident in talking to the manager directly and had regular on-going discussions with management as part of the normal process of care delivery.

Good

Is the service well-led?

Our findings

There was a registered manager in post. 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.

An up to date registered manager's certificate was on display in the office premises in addition to an appropriate certificate of employers' liability insurance.

Staff told us they felt they were able to put their views across to the management, and felt they were listened to. The staff we spoke with told us they enjoyed working at the service and said they felt valued. They said they thought the management were fair and approachable, and also told us the staff team worked well together. It was clear from our observations that the management team worked well together in a mutually supportive way. People we visited all told us that the registered manager had visited them in their own homes.

One staff member told us, "I feel absolutely supported by my manager who's a hands-on manager and has actually been out with me this morning. It's really easy to talk to my manager because they are really fair and always listen to me." A second staff member said, "We pride ourselves on giving a first class service to our clients and I feel privileged to be part of this company; I feel 100% supported by my manager, they are always there for me and have always supported me." A third staff member old us, "Any issues that I have are always dealt with by the manager and the manager's door is always open. We have team meetings with the manager and also more informal meetings and these work well for me. I've worked alongside the manager in delivering care and they check my performance and the paperwork when they do this."

The service sought the views of people using the service and their relatives through the provision of a satisfaction surveys. We looked at the responses received and found feedback from people who used the service and their relatives was very positive. Comments included, 'They [the staff] are my friends and I know when I need help they come to my rescue, even getting me ready for a wedding; I don't know what I would do without you,' and 'I am really happy with the service provided; all the team provide [my relative] with a feeling of being cared for. I personally take comfort from knowing that if there are any issues they are dealt with professionally and promptly and I have peace of mind,' and ' Truly an individual and caring service; lives by its name Cherish.'

Staff feedback was also gained via staff satisfaction surveys. Comments received from the most recent staff survey included, 'Lovely company to work for with a great team of girls and the clients are a pleasure; makes my working day enjoyable,' and 'Love my job, really good company to work for, well done [registered manager]', and 'I am extremely happy with working for the company and enjoy coming to work.' We saw that the staff were asked a variety of questions including if they got an adequate induction, if they felt involved in the running of the service, if they felt they could approach their manager with any concerns, if their training needs were being met and if they felt the company was a good employer.

The service had an infrastructure of auditing in place to monitor the quality of service delivery. These included audits of people's care files, medication audits, accident/incident audits and observations of/spot checks on care staff to verify their competence in providing safe and good quality care. We noted that since registering with the Commission the service had not received any form of complaints, and there had been no accidents or incidents.

We looked at the minutes from recent staff meetings and discussions included being professional at all times, working hours, appearance and uniform, the care certificate, hand-hygiene, PPE and feedback from people who used the service.

People who used the service told us that they valued the same care staff who were very familiar to them. Most care staff had been in employment with the service for several years and this ensured consistency of care staff deployment and familiarity with the people who used the service. The registered manager told us that it was important for the manager and senior office staff to visit people in their own homes to establish positive relationships, to check on the performance of the staff team and to demonstrate respect for each person who used the service.

The service had previously been a member of Quality Compliance Systems (QCS) and United Kingdom Homecare Association (UKHCA) and at the time of the inspection these memberships had lapsed. However, the manager told us that moving forward they were mindful of the usefulness of maintaining these memberships as the service expanded although it was not the intention of the service to grow very large. The service also worked in partnership with other social care professionals as required, such a doctors, community nurses and equipment suppliers.

We found the service had policies and procedures in place, which covered all aspects of service delivery including safeguarding, medication, whistleblowing, recruitment, complaints, equality and diversity, moving and handling and infection control. These policies were all up to date.