

Cherish U Ltd

# Cherish U Limited

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Requires Improvement</b> ●
Is the service caring?	<b>Good</b> ●
Is the service responsive?	<b>Good</b> ●
Is the service well-led?	<b>Requires Improvement</b> ●

# Summary of findings

## Overall summary

We inspected Cherish U Limited on 27 November 2017. As this was a domiciliary agency we contacted the registered manager 48 hours before the inspection. This was so that we could ensure that staff were available at the office.

Cherish U Limited is a domiciliary care agency which is registered to provide personal care to adults who live in their own homes. The office for the service is located in Congleton and is within walking distance of the town centre. At the time of the inspection there were 49 adults in receipt of personal care.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'.

Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection in June 2016 we found two breaches of relevant legislation and the service was rated as 'Requires improvement'. This was because the people employed by the service provider had not received supervision or appraisal and that systems were not in place to enable the provider to assess, monitor and improve the quality of the service. The provider sent us an action plan setting out the improvements they intended to make.

During this inspection we found three breaches of the relevant legislation, relating to safe care and treatment, governance and not acting in accordance with the requirements of the Mental Capacity Act 2005. You can see what action we told the provider to take at the back of the full version of the report.

People told us that they felt safe with the care they received and that staff supported them treated them with dignity and respect. The risks to people had been assessed however, we found that there was not always sufficient information as to how the risks would be managed and that risks were not regularly reviewed. Staffing levels at the service ensured people received a consistent and reliable service.

People received support and assistance with their medicines from trained staff however we found that records were not always completed accurately, although we made checks and were confident that the correct medicines had been taken.

People had confidence in the knowledge and skills of staff employed at Cherish U Limited. Staff received training by e-learning. During the last inspection we recommended that the service sourced training for the registered manager in relation to the Mental Capacity Act 2005 and that they adjusted practice accordingly. During this inspection we found that there remained a lack of clear understanding particularly around mental capacity assessment and best interest decision making; documentation in place in this regard was not fit for purpose.

Policies and procedures were in place to protect people from avoidable harm and abuse which staff were aware of and understood. Accidents and incidents were recorded and followed up appropriately. Staff approached their work with a kind and caring attitude, demonstrating pride in the care they provided.

We saw that safe recruitment practices were taking place. Although we found that induction records had not been completed as required staff told us that they received induction which enabled them to carry out their job role. Staff received regular supervision but there was still no programme for annual appraisal.

Staff supported people with their health care needs by making appointments with health care professionals such as GP, Occupational Therapy and District Nurses.

People told us that staff were caring and that they were happy with the service they received. Staff spoke passionately about treating people with respect and demonstrated a good understanding of people's needs. Staff and people using the service were positive about the management team, feeling that they were professional, approachable and fair.

During the last inspection we found that there was a lack of audits and quality assurance processes in place. Although we found that some audits and records of spot checks had been introduced, the quality assurance processes were still not sufficiently robust to identify the issues highlighted within this report and require further improvement to ensure that the service meets regulatory requirements.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

Risk assessments were not always sufficiently robust and had not been regularly reviewed.

Procedures to ensure the safe administration of medicines were not always followed increasing the likelihood of errors

The provider had policies and systems in place to protect people from avoidable harm and abuse. Staff received training and were aware of how to report safeguarding concerns.

There was a whistleblowing policy in place.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

The registered manager lacked clear understanding of the Mental Capacity Act (2005) and the principles of the Act were not always followed.

Staff had received appropriate supervision to enable them to do their job but there was no programme in place for annual appraisal.

Staff supported people's needs with regard to contact with other health care professionals.

### Is the service caring?

**Good** ●

The service was caring.

Staff were kind and treated people as individuals.

We found that staff treated people with dignity and respect.

People were involved in decisions about their care.

### Is the service responsive?

**Good** ●

The service was responsive.

There was an effective system to record, manage and respond to complaints.

Staff understood the importance of following care plans.

People received care and support that took into account their individual needs and requirements.

**Is the service well-led?**

The service was not consistently well-led.

Audits and quality assurance processes were not sufficiently robust.

The management team had not addressed all of the issues highlighted in the previous inspection report.

Staff and people using the service felt that the management team were approachable and fair.

**Requires Improvement** ●

# Cherish U Limited

## **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.

The initial inspection took place on 27 November with subsequent telephone contact to people using services, relatives and staff.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to ensure that staff were available in the office, as well as giving notice to people who use the service that we would like to visit them.

The inspection was carried out by two adult social care inspectors and an expert-by-experience who contacted people by telephone. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we checked the information which we held about the service including notifications. A notification is information about important events which the service is required to send us by law. We contacted the local authority quality assurance team and other professionals who have contact with the service to seek their views.

The provider also completed a Provider Information Return (PIR). This 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 used this information in the planning of our inspection.

During the inspection we spoke with the registered manager, a managing director and four members of staff. We also visited one relative and five people who were receiving support in their homes. Following the inspection we contacted eight people who were receiving support, four relatives and three members of staff by telephone.

We also spent time looking at specific records and documents, including eight care records of people who received support and three staff recruitment files, staff training records, medication administration records and audits, complaints, accident/incident and other records relating to the management of the service.

# Is the service safe?

## Our findings

People using the service and their relatives told us that they felt safe with the support they received and that if they had any concerns they would call the office. Comments included "I feel so much more safer at home as I know they are coming in", "Feel very safe that they come and see me" and "Feel (relative) is safe with the staff."

We saw that the risks associated with people's care and support had been assessed and that information was available in people's files. However, we saw that a risk assessment had been completed with no information as to the risk being assessed therefore we could not be sure that staff were aware of and how to manage all risks for that person.

In addition, although we were informed that all risk assessments were in the process of being updated, we could not see that they had been regularly reviewed and although a risk had been identified, there was not always information as to how it would be managed. For example, we saw that a risk assessment completed in 2015 had not been reviewed and that an assessment had identified a person was at risk of developing pressure ulcers but there was no information recorded as to how to manage this risk.

Some people required a level of support to manage or take their medicines. We were informed by the registered manager that the Medicines Administration Record documentation (MARs) were in the process of being replaced with an improved version. Staff were able to demonstrate a clear understanding of the use of medicines which were prescribed pro re nata (PRN), which means as required, and the steps to follow if they identified a medication error.

During the inspection we reviewed records and identified some concerns around accurate completion of MAR charts. For example, a person returned from hospital on 15 November but there were no MAR sheets in place from that date. The inspector made checks and was satisfied that the correct medication had been administered. The registered manager told us that she believed the MAR sheets had not been completed, although they were being put in place that day. Changes to this person's medicines had also not been reflected in their care plan or on the new MAR.

We found further inaccuracies regarding information recorded on MAR charts to the medicines being administered. For example, a MAR chart noted two medicines to be administered once daily however they were being administered and signed for twice daily in line with the instructions on the medicine packet. Staff were signing another person's MAR chart each day when the tablet was to be taken alternate days. The inspector was confident that the correct dose was being given as a daily tablet was not available. These issues meant that the recommended procedures to ensure the safe administrations of medicines were not being followed which increased the likelihood of errors.

We saw that a blister pack containing medication stated that the last tablets should be taken at 10pm however these were being taken two hours earlier than that as the last call was at 8pm.



These issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider did not provide care and treatment in a safe way.

The provider had measures in place to protect people from avoidable harm and abuse. Staff received training and were able to tell us how they would identify, respond to and report abuse. There was a safeguarding policy in place which was up to date and staff were aware of how to access it. Staff spoken with were aware of the provider's policy for whistle-blowing and demonstrated an understanding of what this meant and said they felt able to do so.

There was a process in place to manage and record accidents/incidents and staff were aware of what they needed to do to record and report them. The process included completion of analysis and a form was included in the file to record this. However, there was only one recorded incident on file, and the registered manager was aware of this, they advised that they were not using the analysis form. Systems to ensure managerial oversight of the service are discussed in further detail in the well-led section of this report..

At the time of our inspection the service was providing personal care to 49 people in the Congleton and Alsager areas. The service employed a registered manager who was part owner of the service and there were two other owner/managing directors. All three carried out care visits themselves and there were 20 staff working at the service. The registered manager told us that they had sufficient staff to meet the needs of people using the service and that they recruited on an ongoing basis to allow the service to increase business. Staff retention was good and staff told us it was "like a family".

People told us that continuity of care was good both in terms of timeliness and consistency of staff and that they were informed if there was a problem which would cause a delay for their call. Comments included "I have the same carers which makes me feel safe", "Consistent care", "They have some sort of rota which seems to work very well" and "Same group of carers, which is good".

Staff spoken with told us that they had sufficient time to meet people's needs and that they were allocated appropriate travel time in between visits. We saw that schedules took into account locations to reduce the risk of delays.

We looked at three staff recruitment files and found that appropriate pre-employment checks took place. These included a Disclosure and Barring Service (DBS) check, employment references and identity checks. The DBS carries out criminal records checks to help employers make safer recruitment decisions.

We asked the registered manager about their business continuity plans for emergencies such as fire, flood or bad weather. Although they could explain what would happen and how the business would continue they told us that they did not have a formal plan in place but that they would address this matter immediately.

# Is the service effective?

## Our findings

People told us that their care needs were met and that staff always asked them if they needed anything else. Comments included "The staff know what they are doing, very happy", "I'm always asked what I would like to eat or drink", "Very friendly and effective" and "The staff always ask if (Relative) needs anything". People went on to comment, "Training seems consistent", "Very efficient carers", "Really happy with my carers", "Super carers" and "the last thing the carers always say is – Is there anything else I can help you with".

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People we spoke with told us that staff asked them how they wanted things to be done, that they felt involved in decisions about their care, and had discussed their care plans with the managers who regularly called.

We checked whether the provider was working within the principles of the MCA and found that this was not always the case. During the last inspection we recommended that the service sourced training for the registered manager in relation to the MCA and that they adjust their practice accordingly. However we found that the registered manager still lacked clear understanding of what the MCA meant for the people supported by the service particularly around undertaking assessment and best interest decision making.

Mental capacity assessments were routinely carried out when there was no concern around a person's mental capacity and documentation being used was not fit for purpose as it did not include an outcome of the assessment or details of the options considered to ensure the decision being made was in the person's best interests.

We discussed this with the registered manager and managing director present during the inspection who confirmed that they would source training and adjust practice to ensure clear understanding and compliance with the MCA.

These issues were a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider was not acting in accordance with the Mental Capacity Act 2005 and associated code of practice.

We looked at staff training and how staff were supported in their roles. New staff underwent an induction programme to help them understand and settle into their new job roles. Staff spoke positively about the induction process which they felt prepared them for the role they were to undertake. We looked at records relating to the induction programme and found that they were not always completed as required. This was

brought to the attention of the registered manager who advised that they would review induction records and ensure they were fully completed.

Staff received training via an e-learning programme and we saw that training was up to date. Staff told us that they felt they had received sufficient training to enable them to do their job and that if any additional training was needed they felt it would be made available. For example, two staff had recently attended a course about the Care Certificate and they would now be able to support staff to achieve this qualification.

During the last inspection we found staff had not received appropriate supervision or appraisal and therefore the service was in breach of relevant legislation. We received an action plan which identified steps that would be taken to address this matter. During this inspection staff told us that they now received regular supervision and we saw evidence of this in staff files. However, the registered manager informed us that no appraisals had been carried out as they had combined the process with supervision sessions. The provider's policies made a clear distinction between appraisal and supervision and stated that each employee would be appraised annually. We discussed this with the registered manager who said that they would introduce a programme of annual appraisals.

People were supported by staff where needed with arranging GP, District Nurse and other health care professional appointments such as occupational therapy. We contacted some of the professionals who had worked with the service and a reply received told us that the service had contacted them when needed and that they had worked with the service regarding use of equipment and moving and handling procedures. They said that they found Cherish U to be approachable, open to advice, "competent in moving and handling and have worked towards the best outcome for the client, sometimes going above and beyond".

Staff received relevant information about a person's needs from a comprehensive care plan, via phone calls or by text. They recorded details of support provided following each visit in a 'daily log'. We reviewed samples and found that entries were clear, well written and person centred therefore all staff supporting the person had detailed information about care that had taken place.

All staff spoken explained that they would report any concerns about a person to the management team.

## Is the service caring?

### Our findings

People told us that staff who visited them were all very caring and kind, would always ask them how they were feeling and what they would like help with. Everyone spoken with felt that staff were respectful towards them, they felt listened to and supported. Comments included "Very caring staff, cannot do enough for me", "Staff respect me and my home", "They are caring and do anything they can to help me", "They are lovely, they treat me with respect", "I trust them implicitly" "I am always treated with a great deal of dignity and respect" and "Really caring staff".

We saw that compliments and thank you cards had been received by the service. Comments noted included "I would very much like to thank you all for the care and attention that your wonderful team has provided for me", "I cannot fault any of you and the help for me, it took a load off my mind" and "The service received from all the carers was absolutely excellent".

Staff were knowledgeable about how to protect a person's dignity when providing personal care. They spoke about people with obvious affection and respect, demonstrating a genuine pride in the care they provided. Comments included "The care is excellent, can't be matched", "I enjoy going out there, to sit and listen to a client tell you about their past, there is nothing better. They look forward to your visits".

Staff and the management team were well informed about people's needs. One person told us "I really like the managers and the fact that they come out on the calls". Care plans included information about people's likes and dislikes, for example "(Name) to have a cooked meal of her choice – she likes to eat in the lounge with a tray on her knee".

People were supported to be as independent as they could be and care plans reviewed reflected this. One person's plan noted "Encourage (Name) to do what she can depending on how tired (Name) is".

Staff were aware of the need to maintain confidentiality and had a good understanding of how to do so.

The service had clear aims regarding the care they provided displayed on a RESPECT poster. Recovery, Equality, Strength, Protect, Enable, Change and Trust. A description was provided for each heading such as Recovery - Help instil a positive attitude in working towards independence, health and wellbeing, Equality - Always treat as an equal, be fair, understanding and retain both dignity and respect at all times.

## Is the service responsive?

### Our findings

People told us that Cherish U Limited was responsive to their needs, that they and their families were involved in care planning and given choice about how they were supported. Comments included "Care planning is good", "Care plan was very good, I was involved in all the planning", "I feel listened to", "I feel valued", "No complaints, excellent" and "I'm involved in the care plans".

We saw that robust assessments were carried out before people received a service to ensure that their needs could be met.

We looked at the care plans of eight people using services and saw that they contained person centred information about people's preferences, likes and dislikes. Staff told us that the care plans gave them all of the information they needed to provide the care and support each person required.

We saw that the service took account of equality and diversity issues. For example, support was being given to a person for whom English was not their first language. A carer who spoke their native language was able to act as interpreter and was providing cards with information about commonly used words to help communication which were working well.

People we spoke with were aware of their care plans and told us that they had been involved in their care planning and that they were reviewed regularly. We saw that people's care plans contained information about their known likes and dislikes and their preferred daily routines.

Staff understood the importance of following people's care plans and told us that the care plans were good and contained all the information they needed to meet people's needs. The registered manager told us that a full review took place on an annual basis however, we could not see that risk assessments had been regularly reviewed although we were informed that all risk assessments were being updated at the time of the inspection.

There was an effective system in place to record, manage and respond to complaints. Details of the procedure were kept in each person's care folder. We saw that a complaint received had been investigated and dealt with by the management team to the satisfaction of the person making it. The registered manager introduced a complaint/compliment log during our inspection to improve ease of reference. All people we spoke with told us that if they had a complaint they would contact the office and felt they would be listened to. Comments included "I can always contact the office if there is an issue".

## Is the service well-led?

### Our findings

People told us that they felt the service was well-led and that the management were very efficient and approachable. Comments included "Amazing company", "The whole company is excellent", "Extremely happy".

During the last inspection we identified concerns about the way that the service assessed, monitored and improved the quality and safety of the service provided. This was because there were insufficient audits taking place, for example of service users' files and staff files. Service user questionnaires had not been sent out since 2014 and the management team had not kept themselves up to date with changes in legislation and best practice guidance to enable them to incorporate this into practice. This meant that the service was in breach of relevant legislation. The registered manager submitted an action plan detailing the improvements that they would make.

During this inspection we found that some improvements had been made, for example, service user questionnaires were distributed in June 2017. Five replies had been received. Feedback was all positive and comments included "I feel as though my carers are my friends and I look forward to seeing them, also the management are brilliant, I get on with them all", "All very smart and tidy, couldn't be looked after better anywhere" and "You're the tops".

The service had some audit systems in place, for example MAR records, daily logs, spot checks, however the systems were not sufficiently robust to identify the concerns noted within this report around staff induction records, risk assessments and medicines. Although a full care review took place each year, there was no evidence of regular review or audit by the registered manager. In addition, there remained a lack of clear understanding with regard to the principles and requirements of the Mental Capacity Act 2005 to enable this to be incorporated into practice.

These issues were a breach of Regulation 17 (1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to assess, monitor and improve the quality and safety of the services provided.

During this inspection we met with the registered manager. 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 registered manager was open and transparent in discussions, engaging with the inspection process well.

All of the people we spoke with felt that the service was well managed and that the management team were approachable. People felt confident in approaching them and that they would be listened to. Staff felt that the management were approachable, supportive and fair, including with personal issues. Both staff and people using the service appreciated that management regularly carried out home visits, feeling that this helped management's understanding of the service needs and built relationships.

We were told that people had met all the management team and comments included "I really like the managers and the fact that they come out on calls. The service is managed really well" and "They are very good and most friendly". One person told us that they had met the registered manager during their initial assessment and that they had been impressed by their professionalism and that they had an open and easy communication line with the office.

Staff spoke about their work with genuine pride and enthusiasm. They were clear about what was expected of them and felt they had the support they needed to carry out their job role. We were told that staff morale was good. One staff member told us that they felt the service was a good place to work. Comments included it is a "Brilliant service and I love my job", "I just love it, I feel like I've helped someone".

We saw that staff meetings had been held and staff felt that there were open lines of communication and they could speak with management at any time. However, some staff told us they would like staff meetings to take place more often.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  The provider was not acting in accordance with the Mental Capacity Act 2005 and associated code of practice.
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider did not provide care and treatment in a safe way.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider failed to assess, monitor and improve the quality and safety of the services provided.