



Making Social Care
Better for People

inspection report

DOMICILIARY CARE AGENCY

Cherish Homecare Limited

**14a Chester Road
New Oscott
Sutton Coldfield
West Midlands
B73 5DA**

Lead Inspector
Sara Gibson

Unannounced Inspection
27th September 2006 09:00

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- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this agency are those for *Domiciliary Care*. They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

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SERVICE INFORMATION

Name of service Cherish Homecare Limited

Address 14a Chester Road
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B73 5DA

Telephone number 0121 354 5500

Fax number 0121 355 8537

Email address

Provider Web address

Name of registered provider(s)/company (if applicable) Cherish Homecare Limited

Name of registered manager (if applicable) Mrs Asha Sharma

Type of registration Domiciliary Care Agencies

Category(ies) of registration, with number of places

SERVICE INFORMATION

Conditions of registration:

Date of last inspection 8th February 2006

Brief Description of the Service:

Cherish Home Care provides a domiciliary care service to elderly people living in their own homes. The agency has recently moved premises from Walsall to a first floor suite of offices next to commercial premises in a suburb of north Birmingham. Limited parking is available.

The office has an out of hour's service and the Agency is contactable 24 hours a day all year round.

SUMMARY

This is an overview of what the inspector found during the inspection.

This inspection process took place over a number of weeks. Evidence gathered during that time form the basis of this report. Five service users care was followed through in depth. These were all service users who had received a service from Cherish Homecare for varying lengths of time, and who had differing needs.

The process involved face to face interviews with the service users, their relatives and key staff delivering their care. Detailed examination of service users and staff records, in addition 20 service users and 20 staff were randomly sent questionnaires. The number of responses received were service users 15 and staff 19.

Time was then spent at the Agency office examining a number of records, additional service user and staff files and interviewing the Manager. The Agency provided a pre-inspection questionnaire. Feedback was given once all the data had been collated and analysed.

The findings from this process inform the judgements.

What the service does well:

The team at Cherish Homecare pride themselves on knowing their service users and staff well. Prior to the commencement of the service, service users receive a thorough care needs assessment and risk assessment to identify their particular individual needs.

Service users receive a copy of the Service User Guide, and have access to the Agency's Statement of Purpose, which contains relevant information, policies and procedures, and also outlines how to raise comments, compliments and complaints.

The Agency provides a thorough induction programme and an excellent ongoing training package for their staff. This enables them to further develop their skills, and continue to provide "person-centred care".

Staff feel very well supported by the Agency, and are able to approach any member of the management team to discuss any issues they may have.

Feedback is gained regularly from all interested parties on the quality of the service provided by the Agency. The management team are quick to respond to suggestions to take the service forward.

What has improved since the last inspection?

The Manager and her staff are to be commended on the effort they have made to achieve this standard of service. All requirements made from the last inspection have been met and there no additional requirements following this inspection.

What they could do better:

The Agency must ensure that staff stay the full length of the time of the call, particularly during the evening calls.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office.

DETAILS OF INSPECTOR FINDINGS

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Protection (Standards 11-16)

Managers and Staff (Standards 17-21)

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

User Focused Services

The intended outcomes for Standards 1 – 6 are:

1. Current and potential service users and their relatives have access to comprehensive information, so that they can make informed decisions on whether the agency is able to meet their specific care needs.
2. The care needs requirements of service users and their personal or family carers when appropriate, are individually assessed before they are offered a personal domiciliary care service.
3. Service users, their relatives and representatives know that the agency providing their care service has the skills and competence required to meet their care needs.
4. Each service user has a written individual service contract or equivalent for the provision of care, with the agency, except employment agencies solely introducing workers.
5. Service users and their relatives or representatives know that their personal information is handled appropriately and that their personal confidences are respected. In the case of standards 5.2 and 5.3, these do not apply to employment agencies solely introducing workers.
6. Service users receive a flexible, consistent and reliable personal care service. In the case of standards 6.3 and 6.4 these do not apply to employment agencies solely introducing workers.

The Commission considers Standard 2 the key standard to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s):

1, 2, 3, 4, 5 and 6

The quality outcome for this area is excellent.

The judgement is based on available evidence including a visit to the service. Services are centred on the needs, wishes and views of those who use them. They have clear information to help them choose a service that meets their needs. Service users have their needs assessed and a contract which sets out full details of the service they will receive. Their confidentiality is respected and protected.

EVIDENCE:

The Agency has a comprehensive Service User Guide which is issued to all service users. It contains relevant, up-to-date information about the service provided by the Agency, and also outlines how service users can raise comments, complaints and compliments. Service users also have access to the Agency's Statement of Purpose.

A thorough care needs assessment and risk assessment is carried out by the Manager prior to the care package starting. The care needs assessment identifies the particular needs of the service user, how these needs are to be met and the outcomes for the service user. Service users and their relatives / representatives participate in the assessment and this is reflected in the care plan. A relative commented: *"It was very useful to have an introductory meeting with the Manager, she met my mother and then assisted the carer with mother's personal care and made her comfortable. We then discussed the care plan and I was informed of emergency contact numbers, complaints procedures etc"*.

Service user records available in the home included: Service User Guide, care plan, medication records, risk and manual handling assessments, and communication books. Staff recorded well in the communication books.

Staff have the skills and competence to meet the needs of each service user. Staff undertake a thorough induction programme and have an ongoing training plan to enable them to further develop their skills whilst continuing to provide "person-centred care". Service user comments included: *"The carers are very good, I look forward to them coming"* *"They are excellent, cant fault them, nothing is too much trouble for them"* *"The carers are great, punctual, polite, caring, pleasant, efficient and very, very good"*.

Service users personal information is handled appropriately, and confidences are respected. The Agency has a policy on confidentiality which is issued to all staff on induction.

Calls are carried out within the specified time band for each service user, but the Agency must ensure that staff stay for the full length of the call. Some service users have indicated that they felt rushed during the evening calls.

Continuity of care can be an issue when the regular carer is not on duty. Staff are flexible and accommodating, and try to provide a consistent, reliable service to cover when regular staff are not on duty. The Agency ensures the carer is familiar with the area and has detailed information about the service prior to commencing the call.

Staff commented: *"They give calls close to each other, and the Manager is always available for support and is very encouraging" "We have very good rota's, the calls are close to each other, and we have the same service users which helps to build a good rapport and trust".*

Each service user has an individual service contract for the provision of their care from the Agency, which is signed by the service user or their representative.

Personal Care

The intended outcomes for Standard 7 – 10 are:

- 7.** The care needs, wishes, preferences and personal goals for each individual service user are recorded in their personal service user plan, except for employment agencies solely introducing workers.
- 8.** Service users feel that they are treated with respect and valued as a person, and their right to privacy is upheld.
- 9.** Service users are assisted to make their own decisions and control their own lives and are supported in maintaining their independence.
- 10.** The agency's policy and procedures on medication and health related activities protect service users and assists them to maintain responsibility for their own medication and to remain in their own home, even if they are unable to administer their medication themselves. In the case of standards 10.8 and 10.9, these do not apply to employment agencies solely introducing workers.

The Commission considers Standards 8 and 10 the key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s):

7, 8, 9 and 10

The quality outcome for this area is good.

The judgement is based on available evidence including a visit to the service. Health care and personal care received by service users is based on their individual needs. The principles of respect, privacy and dignity are very much evident in practice

EVIDENCE:

The original care needs assessment forms the basis of each individual service user plan. The care plan reflects the service users care needs, wishes, preferences and personal goals. It was evident from reading the communication books that the carers respond to individual needs and requirements on a daily basis and report any concerns to the office. It would be useful to have the service users past and current medical history listed in the care plan.

The Agency is quick to respond to any changes to the service user but must ensure that these changes are documented in the care plan to reflect the care being given. Staff indicated that they felt not all care plans were in sufficient detail. Systems are in place to review and update the care plans on a regular basis. All of the service users visited had a copy of their care plan in their home.

The outline of tasks on the care plans seen describes the expected standards of service delivery. Performance monitoring, spot checks and supervision are undertaken regularly and enable the Manager to assess whether services are being delivered in a sensitive and non-intrusive way. Service users indicated that they would welcome more spot checks from the Manager.

Staff and service users confirmed that personal care and support is provided in a way that maintains and respects privacy, dignity and lifestyle. Service users feel that they are encouraged to take part in tasks to help maintain their independence, and are supported to make decisions about their own lives. Service users commented: *"They definitely listen to me and do anything that needs doing"* *"The carers are very friendly, and keen to help"* *"Very thoughtful, my carer is marvellous, an absolute gem"*. Staff are given the relevant policies and procedures, and the Agency's code of conduct at induction.

The policies and procedures in relation to medication from Cherish Homecare clearly state that staff can only provide assistance with medication. Service users care plans detail the individual assistance required and risk assessments are also carried out on medication.

Staff records, questionnaires and interviews confirm that staff receive guidance relating to the assistance with medication through induction, training, staff meetings, and one to one supervisions. The staff interviewed had a very good understanding of the medication policy, and would report any concerns to their line manager.

Protection

The intended outcomes for Standards 11 - 16 are:

- 11.** The health, safety and welfare of service users and care and support staff is promoted and protected, except for employment agencies solely introducing workers.
- 12.** The risk of accidents and harm happening to Service Users and staff in the provision of the personal care, is minimised, except for employment agencies solely introducing workers.
- 13.** The money and property of service users is protected at all times whilst providing the care service, except for employment agencies solely introducing workers.
- 14.** Service users are protected from abuse, neglect and self-harm, except for employment agencies solely introducing workers.
- 15.** Service users are protected and are safe in their home, except for employment agencies solely introducing workers.
- 16.** The health, rights and best interests of service users are safeguarded by maintaining a record of key events and activities undertaken in the home in relation to the provision of personal care, except for employment agencies solely introducing workers.

The Commission considers Standards 11, 12 and 14 the key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s):

11, 12, 13, 14, and 16

The quality outcome for this area is good.

The judgement is based on available evidence including a visit to the service. People who use the Agency's services are safe, secure and feel confident that their welfare and safety needs are always promoted.

EVIDENCE:

The Agency has a comprehensive health & safety policy. Various records were seen in relation to health & safety, and these were found to be relevant and up-to-date. All relevant policies and procedures are issued to staff at induction.

Records of induction were available in all staff files examined, and staff confirmed that they had received a thorough induction at the start of their employment. Training records show that all staff have received basic training in Manual Handling, First Aid, Food Hygiene and Health & Safety. Additional training sessions such as Catheter Care, Dementia Care and Prevention of Abuse amongst others are provided as part of the Agency's ongoing training and development plan.

An appropriate accident book is maintained and staff interviewed demonstrated a good understanding of basic first aid, and what to do in an emergency situation.

The care plans detail the individual procedures for service users in relation to the taking of risks in daily living. The management of these risks is detailed in both the risk assessment and the care plan.

Service users who are unable to manage their own finances are assisted, and staff confirmed they are only able to offer assistance with finances if it is documented in the care plan. Receipts are kept and recorded in the financial transaction log book. There is an auditable financial trail.

Staff interviewed had a good understanding of the potential indicators of abuse and what to do if they become aware of a potentially abusive situation. This was evidenced by staff training files, and policies and procedures issued to staff.

Staff confirmed that they are issued with an identity badge, and the importance of wearing this is covered in induction. However, service users said not all staff showed their identity badge which is of concern to service users especially when their regular carer is off duty.

There was no indication of missed calls, although some service users had experienced late calls. The Agency ensures that service users are informed of any changes to their care worker, or to the service delivered.

Managers and Staff

The intended outcomes for Standards 17 - 21 are:

- 17.** The well-being, health and security of services users is protected by the agency's policies and procedures on recruitment and selection of staff.
- 18.** Service users benefit from clarity of staff roles and responsibilities, except for employment agencies solely introducing workers.
- 19.** Service users know that staff are appropriately trained to meet their personal care needs, except for employment agencies solely introducing workers.
- 20.** The personal care of service users is provided by qualified and competent staff, except for employment agencies solely introducing workers.
- 21.** Service users know and benefit from having staff who are supervised and whose performance is appraised regularly, except for employment agencies solely introducing workers.

The Commission considers Standards 17, 19 and 21 the key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s):

17, 19 and 21

The quality outcome for this area is excellent.

The judgement is based on available evidence including a visit to the service. The service at Cherish Homecare is led by a competent and respected management team who promote clear vision and values. Staff are trained, skilled and in sufficient numbers to provide a high quality service.

EVIDENCE:

The Agency has a robust recruitment policy. All the relevant checks in line with the Agency's policies and procedures and legislative requirements are carried out prior to the staff commencing employment. CRB and POVA checks are obtained on each staff member.

Staff undergo a thorough induction at the start of their employment. Shadowing is offered for new carers by senior carers and the Manager prior to undertaking their own care packages. The induction process is well recorded. A training needs analysis is carried out and this is incorporated into the staff training and development plan.

Staff were very positive about their initial induction and ongoing updated training, in particular the specialist training offered to help meet the needs of additional service users. Training taking place between now and the end of the year includes: Infection Control, Catheter Care, Challenging Behaviour, Health & Safety, Risk Assessments, Food Hygiene, Adult Abuse, Medication, Record Keeping, Communication and Manual Handling updates. Staff comments included: *"Good training" "I feel very supported by the management and enjoy the training"*.

Records confirm that the staff attend regular team meetings and all staff receive one to one, and on the job supervisions. Staff were very positive about their supervision and felt it improved the service and their sense of being supported and enabled. Comments from staff include: *"The manager is always there to support you, very understanding" "We have regular meetings and get to know the other carers" "Lots of support with any issues. I have worked for Cherish for 2 years and I love it"*.

The Agency has an allocated budget for training as evidenced in the records and discussions with the Manager and the Human Resources Manager. 96% of staff currently hold or are undertaking an NVQ in Care.

Records of training and development undertaken are kept on a central file, and on individual personnel files. Records of supervision are detailed, and an annual appraisal system is in place for all staff.

Staff have clearly defined job descriptions, and staff records and survey responses confirm that staff receive a contract of employment which outlines their terms and conditions.

Staff spoken to and survey responses show that staff are very positive about working for the Agency. Comments included: *"The best agency I have ever worked for" "A nice company to work for" "I like the good relationship that management keep with the staff" "When compliments are passed by the service user to the Manager we are always told which gives me more confidence, and I enjoy what I do even more"*.

Organisation and Running of the Business

The intended outcomes for Standards 22 – 27 are:

- 22.** Service users receive a consistent, well managed and planned service.
- 23.** The continuity of the service provided to service users is safeguarded by the accounting and financial procedures of the agency.
- 24.** The rights and best interests of service users are safeguarded by the agency keeping accurate and up-to-date records.
- 25.** The service user's rights, health, and best interests are safeguarded by robust policies and procedures which are consistently implemented and constantly monitored by the agency.
- 26.** Service users and their relatives or representatives are confident that their complaints will be listened to, taken seriously and acted upon.
- 27.** The service is run in the best interests of its service users.

The Commission considers Standards 22 and 26 the key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s):

22, 24, 25, 26 and 27

The quality outcome for this area is good.

The judgement is based on available evidence including a visit to the service. Managers and staff make best use of the resources available to deliver a high quality service.

EVIDENCE:

Service users receive a consistent well-managed and planned service. Feedback is obtained from all interested parties annually as part of the Quality Assurance system. Service users and others whose views were sought in a variety of ways during this inspection were very satisfied with the services delivered by the Agency.

Financial records were not looked at for the purpose of this inspection. All other relevant records are retained electronically or on paper files in the office

and the service users home as appropriate. Policies and procedures were seen to be updated regularly.

The Agency has policies and procedures in relation to complaints. Complaint investigation records confirmed practices are in line with the Agency's policies and procedures. Overall service users felt that issues were addressed promptly and satisfactorily.

There are good management support structures in place in the office and information received via surveys and interviews indicated that the management team responds well to any service users or staff concerns.

The management structure reflects the size of the Agency, and the volume and complexity of the care provided. Regular organisational quality checks closely monitor the quality of the service, compliments and complaints. Supported guidance is given in relation to issues identified.

Service user comments include: *"I have found the carers very reliable and pleasant"* *"The office always let you know of any changes"* *"I am very happy with the service at the moment"* *"No complaints whatsoever"* *"Would definitely recommend them, they are a very good service"*.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Domiciliary Care have been met and uses the following scale.

4 Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

“X” in the standard met box denotes standard not assessed on this occasion
 “N/A” in the standard met box denotes standard not applicable

User Focused Services	
Standard Number	Score
1	4
2	3
3	3
4	3
5	3
6	3

Managers and Staff	
Standard Number	Score
17	4
18	X
19	4
20	X
21	3

Personal Care	
Standard Number	Score
7	3
8	4
9	3
10	3

Organisation and running of the business	
Standard Number	Score
22	3
23	X
24	3
25	3
26	3
27	3

Protection	
Standard Number	Score
11	3
12	3
13	3
14	3
15	X
16	X

Are there any outstanding requirements from the last inspection?

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Domiciliary Care Regulations 2002 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1.	D07	It would be beneficial if service user's health care needs including past and current medical histories are detailed in the care plans.

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