Cardea Healthcare Limited

Cardea Healthcare

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We undertook an announced inspection of Cardea Healthcare Ltd on 6 March 2018. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

This was the first inspection of the service since it registered with the CQC on 20 May 2017.

Cardea Healthcare Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It also provides live in care workers to support people during the day and at night. At the time of the inspection it provided a service to six people who required a 24 hour package of care and home care visits for two people. These care packages were funded by the local authority and clinical commissioning group.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. The registered manager was also a director of the company. 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.

Risk management plans for some of the risks identified during the needs assessment were not in place for people. Therefore, care workers were not provided with written guidance on how to reduce these risks.

The provider had a process in place for the administration and recording of medicines. However, there were no protocols for the administration of medicated creams or PRN (as required) medicines.

There was a process in place for recording and investigating incidents and accidents but actions were not always recorded where these had been identified to prevent reoccurrence.

There were a range of checks carried out in relation to the service but some of these were not effective because these had not identified the areas for improvement we found during our inspection.

The provider had a process in place in relation to the Mental Capacity Act 2005 but was not always working within the principles of the Act to ensure people could consent to their care or that decisions were made in their best interests. We made a recommendation to the provider regarding this issue.

The provider had an effective recruitment process in place and the number of care workers required to provide appropriate care for a person was based on the assessment of the person's needs.

People using the service and relatives felt the service was safe and the provider had a procedure for the reporting and investigation of safeguarding concerns which they followed.

An assessment of a person's care and support needs was carried out before they started to receive support from the service.

Care workers received the necessary training and support to deliver care safely and to an appropriate standard.

The care plans identified each person's wishes as to how they wanted their care provided. People were supported to enjoy a range of activities in their home and in the community.

There was a complaints procedure and people were aware how to raise concerns.

People using the service, relatives of people being supported and care workers felt the service was well-led and effective. Care workers felt supported by the registered manager.

We found breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches relate to the safe care and treatment of people using the service (Regulation 12) and good governance (Regulation 17). You can see what action we told the provider to take at the back of the full version of this report.

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

Some aspects of the service were not safe.

Risk management plans were not always in place to mitigate risks identified when people's needs were assessed. Therefore the care workers were not given guidance on how to reduce these risks.

The provider had a process in place for the administration and recording of medicines. However, there were no protocols for administration of medicated creams and PRN (as required) medicines.

There was a process in place for recording and investigating incidents and accidents but actions arising from this were not always recorded.

The provider had a suitable recruitment process in place to make sure only suitable staff were employed and the number of care workers required was adequate to meet people's needs.

Is the service effective?

Requires Improvement

The service was not always effective.

The provider had a process in place in relation to the Mental Capacity Act 2005 but was not always working within the principles of the Act to demonstrate that people consented to their care or that decisions were made in their best interests. We made a recommendation to the provider regarding this issue.

An assessment of a person's care and support needs was carried out before they started to receive support from the service.

Care workers received the necessary training and support to deliver care safely and to an appropriate standard.

People were supported to have access to healthcare professionals according to their needs.

Is the service caring?

Good

The service was caring.

People using the service and relatives were happy with the care provided and care workers treated them with dignity and respect.

Care plans identified the person's cultural and religious needs and how these were to be met.

Is the service responsive?

Good

The service was responsive.

The care plans identified each person's wishes as to how they wanted their care provided.

People were supported to enjoy a range of activities in their home and in the community.

There was a complaints procedure and people were aware how to raise concerns.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well-led.

There was a range of checks carried out in relation to the service but some of these were not effective because these had not identified the areas for improvements we found during our inspection.

People using the service, relatives and care workers felt the service was well managed and effective. Care workers felt supported by the registered manager.

Cardea Healthcare

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 checked 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.

This comprehensive inspection took place on 6 March 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available during the inspection.

The inspection was carried out by one inspector.

The provider had completed a Provider Information Return (PIR) on the 19 January 2018. 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 reviewed the information sent to us in the PIR and notifications we had received from the provider. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about.

During the inspection, we spoke with the registered manager. We also looked at records, including three people's care plans, three care workers' records, medicines administration records and records relating to the management of the service. We contacted by telephone one person who used the service and two relatives. We also spoke with five care workers to get their views about the service.

Requires Improvement

Is the service safe?

Our findings

A range of risk assessments had been completed for each person using the service which included risks associated with moving and handling and the individual's home environment. Management plans were in place for some risks, for example choking and accessing the community. However, plans were not in place for other risks. For example we saw there were no plans to address risks associated with some people's conditions including diabetes, catheter use and increased risk of pressure ulcers. This meant care workers did not have adequate information on how to reduce any possible risks. We raised this with the registered manager who confirmed risk management plans would be developed where risks had been identified.

We saw people had been prescribed medicines to be administered as and when required (PRN) but protocols were not in place to provide care workers with guidance as to when and how these medicines should be administered. Where medicated creams had been prescribed information had not been provided for care staff to confirm where on the body the cream should be applied and the frequency of application. We discussed this with the registered manager who confirmed they were developing the protocols for both PRN medicines and prescribed creams

There was a clear procedure for the recording and investigation of incidents and accidents that had occurred. The registered manager provided examples of incidents and accidents that had been recorded and reported to the local authority when relevant. There was evidence of the actions that were taken and the outcomes from the investigations. We saw one incident and accident form which had been completed after a person became unwell and where the care worker had supported the person to get better. The registered manager explained the reason for the person becoming unwell was being investigated but we noted that the actions taken had not been recorded with guidance for care workers on how they should respond should this happen again. We discussed this with the registered manager who confirmed they would review the records to ensure appropriate guidance was provided to care workers in case the incident happened again.

The above was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

During the inspection we looked at medicine administration record (MAR) charts for people who received support from a live in care worker. We saw the MAR charts for people were clearly completed whenever medicines were administered.

Risk assessments for the administration of medicines had been completed which included information on how the medicines were delivered, who was responsible for ordering new stock and how it was provided. A list of the medicines prescribed for the person was also included as part of the care plan documents. This helped to ensure people received their medicines safely.

The records for people receiving home care visits clearly indicated if a family member or the care worker was responsible to administering medicines. Care workers supported people living with diabetes to regularly

check their blood sugar levels and this information was clearly recorded in the person's care records.

The person we spoke with and relatives of people receiving support told us they felt safe when care was provided. One relative commented "I definitely feel my family member is safe. I have 100% confidence."

There was a clear process in place for the reporting and investigation of safeguarding concerns. We saw the registered manager had worked with the local authority when a safeguarding concern had been raised which did not relate to the care provided by the service. There were detailed records of the information provided and the outcome of the safeguarding concern.

The registered manager explained the number of care workers allocated for each person was based on their assessed needs. For people who received support from a live in care worker we saw a primary care worker was allocated who lived with the person. There were also additional care workers who also had a clear understanding of the person's care needs and met with them regularly to build a relationship. We saw that the primary care workers worked for a number of weeks before they had a break. For example a care worker may work for up to eight weeks before taking a four week break which was agreed with the registered manager. Care workers we spoke with explained they were happy with this system as it met their needs but one did tell us that they would like to be able to have a couple of hours off occasionally. Care workers were living with the person 24 hours a day and providing support throughout the day and they felt being able to have a couple of hours off occasionally would be beneficial. We discussed this with the registered manager during the inspection and she agreed that having a record to show if care workers were taking time out for example when the person they supported was at an organised activity where they did not require the care workers support would be useful.

We spoke with a care worker who provided home care visits and they explained they had agreed times for visits but if they needed to stay longer to provide additional support they did and they were happy to do this.

Care workers completed infection control training and were provided with appropriate personal protective equipment (PPE) if required to be used when providing care. The registered manager told us the equipment was restocked during each spot check visit to the person's home.

There was a robust recruitment process in place and the registered manager explained they looked to recruit care workers with at least six months experience of care. They required the contact details for two references and the applicants were asked questions to check their understanding of the role of a care worker as part of the pre interview process. Care workers could not start work until a criminal record check had been completed. The registered manager told us they had a procedure in place to carry out a risk assessment if any applicants had a criminal conviction to ensure people using the service were not put at risk if they employed the applicant. They confirmed they had not been required to use this risk assessment yet. During the inspection we looked at the recruitment records for three care workers and saw checks were carried out on new care workers to ensure they had the appropriate skills to provide the care required by the people using the service.

Requires Improvement

Is the service effective?

Our findings

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

During the inspection we saw mental capacity assessments had been completed for people who received support from live in care workers. These assessments addressed a person's general mental capacity and were not in relation to consenting to specific aspects of their care. The records for one person indicated they had capacity to make day to day decisions, for example relating to food and clothes, and their relatives helped with big decisions. However, the medicines risk assessment for this person stated they were not able to manage their own medicines so required full support from the care workers. The care plans also indicated care workers should keep the person's money securely and the person would have to ask the care worker for access. The records for another person also indicated care workers were responsible for administering medicines. There were no mental capacity assessments to address these specific areas where best interests decisions were being made for the person. This meant the person's care might not have been provided within the principles of the Act. We discussed this with the registered manager who confirmed they would identify where a best interests decision should be in place when a person received support from the care workers.

We recommend that the provider seek and implement guidance to demonstrate that they were meeting the requirements of the Mental Capacity Act (2005).

An assessment of a person's support needs was completed before a live in care worker was allocated to a person or home care visits commenced to ensure the person's care needs could be met. The registered manager told us when they received a referral from the local authority or NHS for either type of care provided they would visit the person and their relatives to confirm the information provided in the referral was accurate. They would discuss the person's support needs and how the care should be provided to meet their preferences and wishes. A medicines and environmental risk assessment was completed and an initial care plan was developed. This was reviewed by the person and their relatives to ensure the needs were met. The new care plan and risk assessments were reviewed after four to six weeks to ensure it accurately reflected the support being provided. Further reviews of care plans were carried out every six months.

We saw people were being cared for by care workers who had received the necessary training and support to deliver care safely and to an appropriate standard.

The registered manager explained the induction programme started with new care workers reviewing the handbook and signing to confirm they had received a copy and they had understood its contents. New care workers undertook the Care Certificate online but the registered manager told us they had completed the modules but not yet finalised it as they had to carry out the assessments and observation to confirm the care workers understanding. The Care Certificate identifies specific learning outcomes, competencies and standards in relation to staff new to health and social care.

The provider had identified training which was mandatory for all care workers which included medicines management, manual handling, basic life support health and safety and safeguarding adults which were completed annually. Other mandatory training was completed every three years and included infection control and mental capacity. There was also a range of specific courses including dementia, learning disabilities and mental health. The registered manager explained care workers were able to access the facilities at a care home to complete practical training for manual handling. The registered manager also provided training support for this care home in return for using their facilities. Records showed that care workers were up to date with all the training provided. Care workers we spoke with confirmed they were happy with the training they had received and felt very supported by the registered manager.

The registered manager confirmed they aimed for all care workers to have three supervision meetings each year and an annual appraisal. Records we saw confirmed this. They explained they tried to hold supervision meeting for live in care workers at the person's home so they could observe the environment and get feedback from the person about their care workers.

People were supported to access their GP and other healthcare professionals whenever required.

We saw the records for a person receiving home care visits also received support from the district nurse and a specialist nurse for nutrition. One person using the service had a Percutaneous Endoscopic Gastrostomy (PEG) tube. This is a way of introducing food, fluids and medicines directly into the stomach by passing a thin tube through the skin and into the stomach. The care workers supporting this person had received training from visiting nurses so they knew how to manage this piece of equipment. The care worker we spoke with explained they worked closely with the healthcare professionals to ensure the support provided met the person's changing care needs.

People were supported to eat food of their choice, to prepare meals and to eat a healthy diet whenever possible. We saw the care plans for one person identified their live in care worker needed to support them to make healthy decisions about food and drink as well as encouraging healthy options. The care plans for people receiving home care visits identified if the care worker or the person's relatives were responsible for providing support with meals and drinks. We saw people's weights were regularly checked and recorded to identify any trends and patterns so appropriate action could be taken where required.

Good

Is the service caring?

Our findings

The person using the service told us they were very happy with the support they received and their comments included, "[Care worker's name] is very nice. They help me and [person's name] and support us to go to the shops and out." Relatives of people receiving support told us they were also very happy with the care being provided. Their comments included "They are brilliant, five star. It's a good service and the care worker is excellent and takes time to understand their needs" and "I am very happy with the care and the care worker is a godsend."

One relative told us they felt the care worker did not just treat their family member with dignity and respect but had almost become a friend and they were confident to leave their relative with the care worker to enable them to go out.

A live in care worker told us that in the evening they would go into another part of the home for the people they supported to have privacy. Another care worker said they made sure the person had their space and would knock on the bedroom door before entering. A care worker providing support through home care visits told us they supported people to maintain their privacy and dignity by "Always making sure every bit of the person is covered and the door is shut when providing personal care. Care should be provided as you would like it to be for a member of your own family."

Care workers helped support people maintain their independence. The support profile identified when the person needed care workers to prompt or support them to complete tasks or activity. It also identified when the care worker should take a step back and enable the person to take control of the task or activity.

The registered manager told us the people they supported did not required their care plans and other information in a pictorial format and they always read through documents with each person at a pace suitable to the person to ensure they understood them. This was confirmed by the person we spoke with. Guidance for care workers was also provided as to how best to communicate with the person they were supporting for example by talking to the person to prepare them for an activity and explaining what was going to happen and reminding them during the activity to reassure them if required.

The care plans for people who were supported by a live in care worker included information about the people and things that were important. The registered manager explained they were working with people on family books with pictures and important memories from their life. The needs assessment and care plans identified the name the person preferred to be called and any religious, spiritual or cultural needs they may have so plans were prepared to meet these.

Good

Is the service responsive?

Our findings

The records for people with live in care workers had detailed care plans identifying how they wanted their care provided. There was a support profile summary sheet which included information about anything that could have a negative effect on the person, their activity preferences, how to prepare the person for tasks such as explaining to the person what care and support was going to be provided and the best way to communicate with the person. The care plan provided information on a range of areas including personal care, continence, nutrition and mobility. The care plans did not include information in relation to the person's end of life wishes as people receiving support from a live in care worker were not receiving end of life care.

The care plans for people who received regular visits to help with personal care were also detailed and described how the care should be provided to meet the person's wishes. The care plan clearly identified what support was provided by relatives and what the care workers should do during each visit.

The person we spoke with told us they enjoyed all the activities they were supported to attend including the social group and shopping. As part of the care plans for people with live in care workers we saw they were supported to be involved in a range of activities both at home and in the community. Each person had a weekly planner which identified the activities people enjoyed. These included guitar lessons, martial arts classes, shopping, feeding the ducks, mini golf and going to the cinema. We saw the registered manager actively helped people to access activities that they were interested in or enjoyed. People were supported to attend local groups which included well-being and a group for people living with Asperger's syndrome. Some people were supported by care workers from another provider one day weekly to access activities during the week. The registered manager told us people that were being supported by the service would meet up and go on regular trips out. We saw pictures of these outings in the care plan folder and people looked like they were enjoying themselves. The registered manager also showed us plans they were working on with people the service supported to redesign the garden at their home.

During the inspection the registered manager showed us a project they were working on with one person to find out more about them. They showed us pictures of two posters one describing things the person liked and one for things they did not like. These posters helped the care workers know more about the person and were used to add to the care plan.

Care workers could access a copy of the staff handbook which included information on policies and procedures through their mobile phone. Messages could also be sent via a mobile phone app to provide care workers with any urgent updates and copies of these messages were kept on the computer system in the office.

The person we spoke with and relatives of people using the service told us they knew how to raise any concerns. There was a clear procedure in place for the reporting and investigation of complaints. We saw detailed records and responses for complaints that had been received and all complaints had been recorded on a spreadsheet which included any actions taken and the outcome of the complaint.

Requires Improvement

Is the service well-led?

Our findings

There was a range of checks carried out in relation to auditing the quality of the service people received but some of these were not effective because these had not identified the areas for improvement we found during our inspection.

We saw a page titled "Audit sheet" was completed for each person in their care plan folder and this was used to record key incidents and events that have occurred for example if the person had a skin irritation or an occasion when a person had experienced a low mood. This record sheet was not used to audit the care plans or other records for people using the service. Checks had not been carried out to ensure the information in the care records and risk assessments were up to date as we found guidance sheets that were prepared by a previous care provider and which did not reflect the person's current care needs

As risk management plans were not always in place for possible risks identified during the needs assessment the provider did not have a process to mitigate those risks. The provider had also not identified through their quality checks that people's mental capacity assessments were not carried out for specific decisions as required by the MCA.

The above was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The registered manager confirmed regular checks were carried out in other areas such as to ensure blood pressure readings, outcomes of blood sugar tests and medicines administration record (MAR) charts were completed appropriately.

A satisfaction questionnaire was sent to people using the service and relatives and we saw the responses were very positive. Some of the comments included "Highest quality staff", "Caring and helpful staff, listen to clients' needs no rushing, always has times for whole family needs" and "[Care worker name] in particular could not have been kinder or more helpful." A questionnaire was also sent to staff and they also provided positive feedback. One of the comments was, "The registered manager is the most professional caring, fair, knowledgeable and one of the nicest people I have been privileged to have as my boss."

We asked relatives of people using the service if they felt the service was well managed. Their comments included "I don't know what we would do without them. We have struck gold" and "The registered manager has fingers on all the elements of the service and it is very well run."

Staff we spoke with told us they felt supported and that the service was well managed. Their comments included "I consider there is no one better than the registered manager to provide care. They are there for me whenever I need them day or night", "The registered manager is very supportive and whenever I phone her she responds. I feel 100% supported" and "So far this is the nicest company I have worked for."

The registered manager told us they had recently started to attend the provider forum meetings organised

by the local authority that commissions the care packages provided by the service. They also regularly checked the CQC and Skills for Care websites to keep up to date with any changes in good practices and regulation. They were also a member of the Association of Healthcare Trainers (AoHT).

As the care workers found it difficult to attend staff meeting as they often were providing support during the day, the registered manager explained they tried to visit each person that was receiving support and meet with them and their care workers. They could then provide updates and get feedback directly from both staff and people using the service.

A "Service User Guide" was given to people when they started to receive care from the service. The guide included information on the organisations values, principles and aims and objectives. There was also a list of "service user rights" which included the person's right to receive care from a trained care worker and make a complaint if they were not happy with the support they received.

The care worker handbook included information on the policies and procedures of the organisation. The values of the organisation and the code of conduct expected from care workers were also included in the handbook so they were aware of these and to enable them to align their own values with those of the provider's.

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 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not always provide care and treatment in a safe way for service users because they did not always assess the risks to the health and safety of service users of receiving the care or treatment and did not do all that was reasonably practicable to mitigate any such risks. The registered person did not ensure the proper and safe management of medicines. Regulation 12(1), (2) (a) (b) (g)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person did not always effectively operate systems and processes to: Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. Assess the specific risks to the health and safety of services users and do all that was reasonably practicable to mitigate any such risks. Regulation 17(1) (2)(a) (b)