

Cardinal Care Services Limited

# Cardinal Care Services Ltd

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Cardinal Care Services is a domiciliary care services providing personal care and support to people in their own homes. At the time of the inspection it was providing personal care to eight people. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

People and relatives said they felt safe and comfortable in the presence of staff and fully trusted them. Risks to people's health and safety were assessed and mitigated. The service had enough staff and provided a timely and reliable service. Medicines were managed in a safe and proper way.

People received effective care from staff who knew them well. Staff received a good level of training and were well supported by the management team. People were supported to eat well. The service understood people's healthcare needs and liaised with appropriate healthcare organisations to ensure they were met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were kind and caring and treated people well. People had a small team of care workers who developed strong relationships with them. People were always introduced to new care workers and staff let people know if they were going to be late. People were respected and treated with dignity by the service.

People's needs were fully assessed, and clear and detailed care plans were in place. The service provided high quality care, with staff arriving on time and not rushing them. The service was aware of people's cultural needs and beliefs and ensured they were fully catered for. People found the registered manager approachable and willing to address any concerns or queries they had.

The service had significantly improved since the previous inspection with management support brought in to improve the quality of documentation. The registered manager was knowledgeable about people and how the service operated. A range of audits and checks were undertaken, and people's feedback was sought to aid continuous improvement of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 18 July 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

See our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

See our effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

See our caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

See our responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

See our well-led findings below.

**Good** ●

# Cardinal Care Services Ltd

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with two people who used the service and four relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, management support and

three care workers.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the registered manager and staff did not fully understand safeguarding and staff had not undertaken safeguarding training. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the service was no longer in breach of regulation.

- People were protected from abuse and avoidable harm. Staff had received training in safeguarding vulnerable adults and safeguarding was discussed regularly with staff. The registered manager had received enhanced training in safeguarding. Staff were aware how to identify and report concerns, and the registered manager knew the correct procedure to follow. There had been no recent safeguarding concerns.
- Everyone we spoke with said they were confident people were safe and treated well. People and staff had developed strong and trusting relationships and people felt able to confide in their care workers.

Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed and mitigated. People and relatives said care was delivered safely and to a high standard. A range of risk assessments were in place which provided clear instruction to staff on how to care for people appropriately. Staff had a good understanding of the people they were caring for and any equipment they had to use. Each staff member cared for a small number of people which helped ensure they were fully familiar with how to manage risks associated with each person's care.
- People received a reliable service with calls consistently taking place at the right time to help ensure people were safe.

Staffing and recruitment

At our last inspection there was a lack of evidence safe recruitment procedures had been followed. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the service was no longer in breach of regulation.

- Safe recruitment procedures were now in place. Where any disclosures had been identified on Disclosure and Barring Service checks, robust risk assessments were now in place detailing measures to help ensure these staff worked safely.

- There were enough staff deployed to ensure people received a safe and reliable service. Staff rotas were manageable and contained travel time to help reduce the pressure on staff. People told us and daily records of care showed the timeliness of staff was very good. The registered manager only took on new care packages if they had the right staff to deliver each specific care package, ensuring a high quality and reliable service.

#### Using medicines safely

At our last inspection records complete and accurate records regarding medicines were not in place. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the service was no longer in breach of regulation

- Medicines were managed in a safe and proper way. Medicine administration records were well completed and provided assurance people had received their medicines as prescribed. Staff had received training in medicines management and the service introduced competency checks to ensure staff continued to work safely.
- Medicine records were brought back to the office monthly and the registered manager audited them to help ensure they were of the required standard.

#### Preventing and controlling infection

- People and relatives said staff adhered to good infection control techniques. Staff had received training in infection control and had access to a supply of personal protective equipment.

#### Learning lessons when things go wrong

- Systems were in place to log, investigate and respond to any incidents. A low number of incidents had occurred. We saw examples of where things had gone wrong, including issues identified on the last inspection, positive action had been taken to address them and improve the service.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

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

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

We checked whether the service was working within the principles of the MCA.

At our last inspection the service inappropriately applied the MCA and the registered manager did not understand their responsibilities. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the service was no longer in breach of regulation.

- The registered manager had attended training in the MCA and demonstrated a better understanding and knowledge of the Act. We saw appropriate application of the Act, for example undertaking capacity assessments and contributing to best interest decisions where required.
- People were involved to the maximum extent possible in their care and support. Staff and the management team used a range of techniques, so people understood questions and were given choices.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior to using the service, the registered manager completed a holistic assessment of people's needs, to ensure the service could meet their needs. Care records demonstrated people's needs were fully assessed.
- The service provided an effective and person-centred service with good continuity of care workers in line with recognised standards and guidance. Everyone we spoke with said that the service provided effective care. One relative told us how the continuity of care workers meant staff fully understood their relative's dementia and behaviours, allowing them to provide high quality care.

Staff support: induction, training, skills and experience

At our last inspection the staff did not always have the required training. This was a breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the service was no longer in breach of regulation.

- Staff now received a range of training and support. This included a comprehensive induction to the service, regular training, supervisions and appraisals. All staff said they felt well supported by the management team.
- People and relatives said staff were skilled and knowledgeable about people's care needs. One relative said, "Very good at what they do, so good at striking up relationships." Each person had a very small team of care workers which meant they saw the same staff, who were able to build up a detailed knowledge of the people they were supporting.

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

- People's nutritional needs were met by the service. People said staff provided the right support at mealtimes in line with their choices and preferences. Thought went into ensuring that staff had the right skills and cultural knowledge to prepare the meals that people enjoyed. Care plans contained instructions to staff on how to meet people's nutritional needs.

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

- People's healthcare needs were met by the service. Relatives said staff were skilled at understanding if people's condition changed and taking appropriate action. Staff liaised with professionals and/or family members to discuss any changes to people's health.
- Staff or the registered manager also helped support people to attend health appointments and if people were admitted to hospital, provided support to hospital staff to help ensure they knew people's likes and preferences.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

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

- People and relatives all told us that staff were kind and caring and treated them well. One relative said, "Care is exceptional and they have developed a really good relationship with [person]. People received care from a small group of care workers and any new care workers introduced to people first to ensure that care was never provided by strangers. The registered manager ensured compatibility between people and their carers, considering staff personality, knowledge and skill before assigning people care workers.
- People's diverse needs were assessed and taken into account when planning and delivering care. Staff understood people's culture and beliefs and helped people to maintain these, delivering a highly personalised service. Staff received training in equality and diversity and it was promoted at staff meetings and through supervisions.
- Staff stood up for people's rights and were dedicated ensuring people were as comfortable as possible. For example, going out of their way to ensure one person had the food they liked available when the person was admitted to hospital.

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

- People and relatives said they felt involved in making decisions about their care. Relatives also said communication was good. We saw people were fully involved in care planning and had regular opportunities to provide feedback on the care provided.

Respecting and promoting people's privacy, dignity and independence

- People were provided with respectful and dignified care. People and relatives said staff arrived on time, let them know if they were going to be late or if there was going to be a change in their care workers. This showed a high level of respect for people.
- Care records showed people's independence was promoted and people were encouraged to do as much of their care as they could for themselves.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection care records were not sufficiently detailed to provide clear instructions to staff on the care required. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the service was no longer in breach of regulation.

- Care plans had been reviewed and improved with clear, accurate and person-centred information recorded. Staff were familiar with people and their care needs which gave us assurance care plans were followed. People and relatives consistently provided positive feedback about the care provided. They said staff completed all tasks to a high standard.
- People received a consistent and timely service with care delivered at the same time each day. One relative said, "Really positive experience, they are attentive to [person's] needs." Staff took their time and stayed with people for the full call duration.

Meeting people's communication needs

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

- The registered manager was aware of the standard and people's communication needs were assessed prior to using the service. Information could be made available in different formats if required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and relatives described staff as companions as well as care givers and we saw providing social interaction and stimulation was a key part of care and support packages. 15 minute calls were not provided as the registered manager was keen to ensure people received a high quality service where staff took the time to get to know people.

Improving care quality in response to complaints or concerns

- Complaints and concerns were handled in a positive way by the service. People and relatives all said they

were completely satisfied with the service but felt they could approach the registered manager with any minor concerns or queries. We saw evidence that any minor issues were logged and action taken to learn from them.

#### End of life care and support

- At the time of the inspection the service was not providing end of life care. However, staff had received training in end of life care needs and basic information was recorded on people's needs to help staff in this area. Information on any spiritual and cultural needs was clearly recorded.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our last inspection governance systems and record keeping were not sufficiently robust. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection significant improvements had been made and the service was no longer in breach of regulation.

- The registered manager had put in place a management support role to help drive improvement of the service. They had also attended further training to develop their skills and knowledge. We found this approach had been effective and the service had significantly improved.
- Regular audits and checks were undertaken, for example of care records, recruitment records and spot checks of staff practice in the community. Record keeping had significantly improved. The registered manager had a very good understanding of the service and how it operated.
- People's feedback was now sought through reviews, spot checks and annual satisfaction surveys. We saw people were very satisfied with the service.
- Staff regularly attended the office for informal chats with the management team. Staff meetings were also regularly held and staff views and comments were listened to and respected. During supervisions staff were asked a range of questions to help them raise any issues, concerns or risks so they could be addressed.

Continuous learning and improving care

- We saw the service had developed positively since the last inspection, improving in a wide range of areas. Systems and processes put in place supported the sustainability of improvements.
- There was a culture of continuous improvement. For example, work was being undertaken to provide more training to staff, and the service's policies and procedures were being reviewed.

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

- People and relatives all praised the overall quality of the service and said high quality and person-centred care was provided. Staff demonstrated good caring values and a desire to ensure people were provided with

a high level of care. The registered manager was liked and well respected by people, relatives and the staff team. They regularly visited people and occasionally delivered care so they fully understood people and the work of staff.

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

- The registered manager was open and honest with us and we saw they liaised regularly with people and relatives to address any queries or minor concerns that they had. They had fully taken on board the findings of our previous inspection and taken strong action to ensure improvement.

Working in partnership with others

- The registered manager worked in partnership with a range of other organisations. For example, they worked with GP practices and hospitals to co-ordinate people's care and support. The service had strong links with local community organisations and liaised with them over people's care and social support.