

Cardinal Care Services Limited

# Cardinal Care Services Ltd

## 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?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

About the service:

Cardinal Care Services Ltd is registered as a domiciliary care agency providing the regulated activity 'personal care' to people who live in their own homes. At the time of our inspection, the service was providing personal care to nine 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:

Whilst we found no evidence to suggest medicines were not administered safely, records related to medicines management were not well maintained or robust. People's potential areas of risk had not been assessed. The registered manager and most staff had not completed safeguarding training. The recruitment system was not robust. Staff did not receive appropriate training necessary to enable them to deliver effective care and support.

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. However, the assessment of people's mental capacity was not fully understood by the registered manager and the recording of mental capacity assessments was not detailed.

Care plans lacked appropriate detail and were not always up to date. The provider did not have effective systems in place to assess, monitor and improve the quality of service provided. Complete, accurate and contemporaneous records were not kept. People and relatives were asked for their views; however, these were not recorded.

People and relatives told us they felt safe in their home and with staff. There were enough staff to meet people's needs. Staff followed infection prevention and control practices when supporting people in their own homes. Lessons had been learnt from issues identified by staff.

An induction was completed by all staff and staff received support to enable them to perform their roles effectively. Staff involved healthcare professionals to support people's health needs where required. People received support, with eating and drinking, when needed.

People and relatives said staff were reliable, kind and caring. Staff understood how individual people preferred their care and support delivered and the importance of treating people with dignity and respect. The service was not supporting anyone who was at the end of their life.

The provider worked in partnership with other services to support people's care and quality of life. For

example, Leeds Black Elders Association. There was a system in place to respond to any complaints.

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:

At the last inspection the service was rated Requires Improvement (report published 20 June 2018). The rating at this inspection had remained the same. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection not enough improvement had been made and the provider was still in breach of regulation 17.

Why we inspected:

This was a planned inspection based on the previous rating. We have found evidence the provider needs to make improvements. Please see the safe, effective, responsive and well-led sections of this full report.

Enforcement: We have identified a breach in relation to record keeping and governance of the service at this inspection. Please see the 'action we have told the provider to take' at the end of this report.

Follow up:

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will also request a monthly action plan from the provider to monitor improvements being made. We will work with the local authority to monitor progress. We will 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 not always safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

**Inadequate** ●

# Cardinal Care Services Ltd

## Detailed findings

### Background to this inspection

#### The 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector.

#### Service and service type:

Cardinal Care Services Ltd is a domiciliary care agency and provides personal care to people living in their own homes.

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

#### Notice of inspection:

The inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure a staff member would be available to facilitate this inspection.

Inspection site visit activity started on 10 June 2019 and ended on 14 June 2019. We visited the site to see the registered manager and staff; and to review care records, policies and procedures.

#### What we did:

Before the inspection, we reviewed the information we held about the service, including statutory notifications. Notifications are used to inform CQC about certain changes, events or incidents that occur. We requested feedback from stakeholders. These included the local authority safeguarding and commissioning team and Healthwatch England. Healthwatch England is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider had

completed a Provider Information Return (PIR). The PIR is a form providers are required to send us which contains key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During our inspection, we spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, the office manager, the business mentor and two staff members.

We reviewed a range of records. This included four people's care plans and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were asked for and some were reviewed, as not all documents were provided.

# 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 required improvement. At this inspection this key question has now deteriorated to inadequate.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

At our last inspection the provider had not taken appropriate steps to ensure medicines were always safely managed. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection some improvement had been made and the provider was no longer in breach of Regulation 12. However, the recording and monitoring of the management of medicines was not robust. The provider was in breach of Regulation 17.

- Whilst we found no evidence to suggest medicines were not administered safely, issues were noted with records related to medicines management. For example, there were gaps in the recording of when medicines had been given.
- The registered manager told us medication administration records (MARs) were not accurate and there were no governance arrangements in place to monitor, audit and review MARs.
- Most staff had completed medication training but an assessment of their competency to administer medicines safely had not been completed.

We found no evidence that people had been harmed however, records related to medicines management were not well maintained or robust. This is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives told us they received their medicines on time. One person said, "They [staff] help me take my tablets and I get them when I need them."
- The registered manager told us most people's medicines were dispensed from the pharmacist in a dossett box, which minimised the risks of errors being made.

### Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

At our last inspection the registered manager had a limited knowledge of reporting safeguarding incidents. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014.

At this inspection some improvement had been made but the registered manager and most staff had not completed safeguarding training. The provider was still in breach of regulation 17.

- The registered manager had a better understanding of how to report safeguarding matters appropriately. However, they had not completed safeguarding training since our last inspection.
- Staff understood where people required support to reduce the risk of avoidable harm, but not all staff had completed safeguarding training.
- The potential risks to each person's health, safety and welfare had not been identified in records we looked at. For example, one person's sleeping care plan stated, 'bed rails – yes' but there was no risk assessment in place.

We found no evidence that people had been harmed however, the registered manager and most staff had not completed safeguarding training. Not all staff fully understood what should be reported. People's potential areas of risk had not been assessed. This is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives told us they or their family member felt safe with staff. One person said, "It makes me feel safe having someone in the house." A relative told us, "Mum is safe with staff, I have seen the relationship between the staff and mum, it is brilliant."
- Before a service was offered the registered manager completed an environmental risk assessment which identified any hazards within the person's home.

#### Staffing and recruitment

At our last inspection the provider and the registered manager did not always record information relevant to the recruitment of new staff. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, not enough improvement had been made and the provider was still in breach of Regulation 17.

- Appropriate checks were completed prior to new staff starting work, although a risk assessment had not been completed for one new staff member where a disclosure had been identified. The registered manager had reviewed the risk with the staff member and knew they should have completed a risk assessment but had just not recorded this.

The recruitment system was not robust, information was not always recorded that was relevant to the recruitment of new staff. This is a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were sufficient numbers of staff to meet people's care and support needs. People told us they received care in a timely way and had a consistent staff team.
- There was an effective staff rota management system in place. Staff said they worked well together to make sure all the visits were covered.

#### Preventing and controlling infection



- Staff followed good infection prevention and control practices to help prevent the spread infections.
- People told us staff took care in relation to food preparation and personal care.
- Staff had access to disposable gloves and aprons, these were used when undertaking personal care tasks.
- Staff had completed food hygiene training but not in infection control.

#### Learning lessons when things go wrong

- Lessons had been learnt from issues identified by staff. For example, following one person's fall, equipment had been re-positioned.

# 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 remained the same.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At the last inspection the provider had not taken appropriate steps to ensure decision specific mental capacity assessment had been completed, where required. This was a breach of Regulation 11 (Need to Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection some improvement had been made and the provider was no longer in breach of Regulation 11. However, concerns remained with the recording of people's mental capacity assessments and the registered manager's knowledge in this area. The provider was in breach of Regulation 17.

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. For this type of service any applications to deprive a person of their liberty must be made to the Court of Protection.

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

- Some people's care plans contained a mental capacity assessment. However, these were generic and not decision specific.
- One person had a mental capacity assessment who did not require one.
- The registered manager said they did not 100% understand MCA and was unable to recall what they had learnt from MCA training in November 2018.

Whilst we found no evidence that the MCA was inappropriately applied, the assessment of people's MCAs was not fully understood by the registered manager and the recording of MCAs was not robust. This is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some people said they could make individual choices and decisions about their daily lives. One person

said, "Anything I ask they [staff] do, I have choice." A relative said, "Generally meals are prepared but staff always offer them choice."

Staff support: induction, training, skills and experience

- People were not supported by staff who had ongoing training. For example, staff had not completed 12 of the providers identified training courses.
- Staff had not completed training to help support people living with specific medical conditions. For example, diabetes and seizures.

Staff did not receive appropriate training necessary to enable them to deliver effective care and support. This is a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff completed an induction programme prior to starting work. Staff new to care completed the Care Certificate. This is an agreed set of standards that sets out the knowledge, skills and behaviours expected of job roles in health and social care. A relative said, "Staff seem to be trained."
- Staff were given opportunities to review their individual work and development needs through supervision.

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

- People had their care and support needs assessed prior to starting with the service. However, information was not always reviewed to ensure it was up to date and delivered as planned.
- The registered manager used health and safety legislation and CQC guidance to improve the care and support people received.

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

- Staff assisted people to eat and drink when required.
- People told us they were happy with the support they received with meals.
- Where appropriate, care plans recorded people's likes and dislikes. For example, one person's care plan stated, "[Name of person] loves to eat sweet potato."

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

- Both care and office staff said they worked well as a team. Communication and sharing of information were good which ensured people received continuity of care.
- The registered manager said the management team provided 'on-call' support, which enabled staff to obtain advice and guidance at any time.
- People were supported to access and receive healthcare services. One person said, "Staff help me go to the dentist and GP when my daughter cannot." A staff member said, "I take people to the dentist and optician if needed." A relative said, "They [registered manager] often ring me if there are any issues."

# 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 remained the same.

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 said they were well supported and provided positive feedback about staff and the service. One person said, "I am happy with the care, they [staff] make sure I get the best of everything. They look after me like a mother, I can't grumble." A relative said, "I am more than happy with the care."
- Staff knew people's preferences and used this knowledge to support them in the way they wanted.
- People's religious needs were recorded in care plans and people were supported to access religious services of their choice, when needed. One person said, "They [staff] help me to go church when I want."

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

- Staff supported people to make decisions about their care and knew when people wanted help and support from their relatives.
- People and relatives told us they were involved with the planning of their care and with day to day decisions. One person said, "I have been reading the care plan and I am happy with what is in it." A relative said, "I have not looked at the care plan for a long time but went through it initially. We have reviewed it once and I have not felt the need to check up on anything."
- Where required, people had access to an advocate. An advocate is a person who can support others to raise their views, if required. The registered manager told us one person was currently supported by an advocate.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected.
- Staff understood the importance of respecting people's privacy and dignity.
- People said staff supported them to stay independent. A person said, "They [staff] give me a little support with meals if I need them to."

# 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 remained the same.

People's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

At our last inspection the provider had failed to make sure care plans contained sufficient and accurate information regarding people's care and support needs. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, not enough improvement had been made and the provider was still in breach of Regulation 17.

- Care plans did not contain sufficient or up to date information regarding people care and support needs. For example, one person's care needs had changed at the end of last year, but the care plan had not been updated to reflect this change.

This is a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were cared for by staff who knew their likes, dislikes and preferences. For example, one person's care plan stated their likes included 'sewing, knitting and cooking'.
- People's diverse needs were recorded in care plans and met in practice. This included cultural needs, religious requirements and lifestyle choices. For example, one person's care plan stated, 'name of person has a radio connected to the internet, so they can listen to music from Antigua, they like to listen to gospel music'.
- People were encouraged to maintain relationships with family and friends by attending the day centre, church events and birthday parties.

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 said they did not have a full understanding of the AIS and had not made any changes to the way people and family members wished to communicate but would look at this and how they were going to embed within the service.

- Staff knew how to communicate with people and care plans contained information about people's communication needs and any sensory support or adaptations they required.

#### Improving care quality in response to complaints or concerns

- Information was provided to support people to raise any concerns and complaints.
- People felt comfortable in making a complaint if they needed to. A person said, "I cannot complain about anything."
- The provider had a policy and procedure to guide staff in how to manage complaints.

#### End of life care and support

- At the time of the inspection, the service was not supporting anyone who was at the end of their life.
- The registered manager told us if anyone required end of life support they would ensure all staff had the appropriate training and support beforehand.

# 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 required improvement. At this inspection this key question has now deteriorated to inadequate.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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; Continuous learning and improving care

At our last inspection the provider did not have effective systems in place to monitor and improve the quality of the service provided. 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 not been made and the provider was still in breach of Regulation 17.

- The registered manager was aware governance systems and processes were not effective. This would ensure the service was assessed or monitored for quality and safety in relation to people's care and support needs.
- Following the last inspection, the registered manager had failed to implement the action plan as concerns were still noted in these areas.
- At this inspection the quality of record keeping was poor. There were no audits conducted by the management team and poor practice was not being picked up quickly and improved.
- Policies and procedures were in place which provided staff and the registered manager with clear guidance. However, these had not always been followed by the management team.
- There was no recorded engagement with people who used the service and relatives to demonstrate they had been consulted about their care or the running of the service. The registered manager said they spoke with people and relatives about the quality of the service, but this had not been recorded. Following our inspection, the registered manager submitted completed 'client evaluation forms', however, these were not dated.

The provider did not have effective systems in place to assess, monitor and improve the quality of service provided. Complete, accurate and contemporaneous records were not kept. This is a breach of the Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager said they had recently employed a business mentor to support their learning and

to provide managerial guidance.

- Staff spoke positively about the registered manager.
- People and relatives said the service was well managed and they received good support.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The provider was committed to providing high-level quality support to people, however, they had failed to establish a system to make sure this could be promoted and monitored.
- The provider promoted a 'caring' culture that respected people's human rights. There was a policy which covered equality and diversity, which staff understood and adhered to.
- People and relatives were happy with service. A relative said, "I feel happy and confident mum is being taken care of. The manager goes out of her way to make sure mum is looked after."
- Staff enjoyed working at the service and said the management team were approachable. One staff member said, "The manager always helps, and quick action is taken if need be. I am happy, it is like a family, they [managers] are very, very good."

Working in partnership with others

- The registered manager and staff team worked in partnership with other professionals such as GPs, occupational therapists and Leeds Black Elders Association to promote and maintain people's quality of life and well-being.
- The service had good links with the local community which provided opportunities for people to attend social events.



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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have effective systems in place to assess, monitor and improve the quality of service provided. Complete, accurate and contemporaneous records were not kept.</p> <p>The provider did not have effective systems in place to assess, monitor and mitigate risks relating to the health, safety and welfare of people.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff did not receive appropriate training necessary to enable them to deliver effective care and support.</p>